Exhibit "4"

Affidavit of Fraudulent Medical Services, Referrals and Prescriptions

STATE OF NEW YORK }
} ss.:
COUNTY OF }

Arkam Rehman, M.D., being duly sworn, hereby states the following:

1. I am a physician who is licensed to practice medicine in the State of New York under license number 298627. I have been licensed as a physician in the State of New York since April 12, 2019. I am double Board Certified in pain management and physiatry. I am also the owner of Apex Medical, P.C. (Apex), a medical office that conducts, among other testing and/or treatment, Evaluations and Management (E&M) services and Shockwave Therapy. My National Provider Identifier (NPI) number is 1013920602 and my Drug Enforcement Agency (DEA) number is FR8865000.

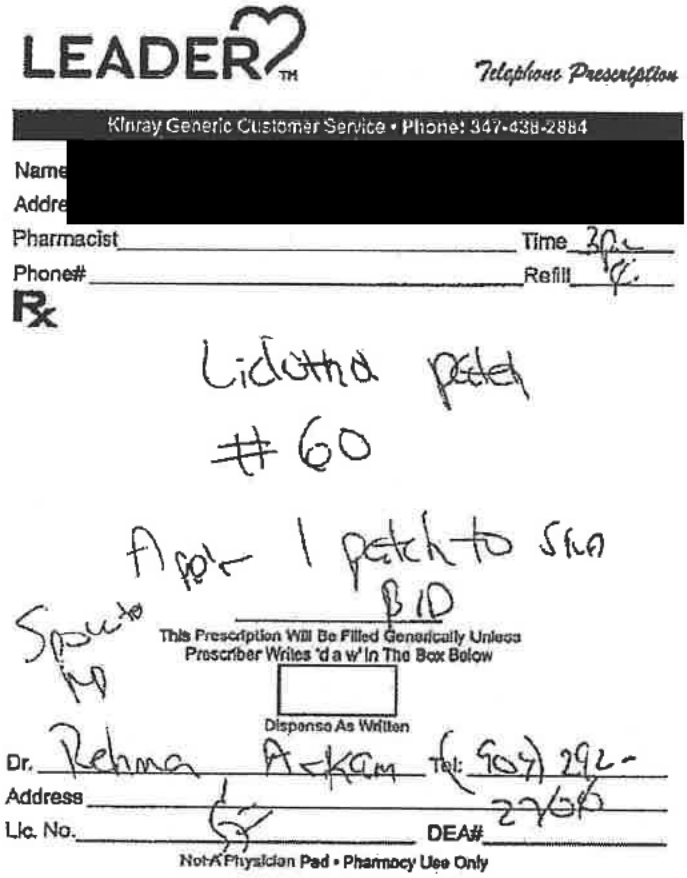
2. This affidavit is being provided to demonstrate the fraudulent nature of certain medical services, diagnostic tests, referrals, and prescriptions that have been attributed to me personally, my NPI number, my DEA number and/or Apex. As will be demonstrated below, since I have been a practicing physician in the State of New York I did not issue or authorize the certain prescriptions for drug screening, toxicology services, prescription medications, prescription creams, prescription gels, diagnostic test(s), radiological test(s) or otherwise in connection with the prescriptions all as demonstrated in paragraphs 4, 6, 9, 12, 15, 18, 21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95 noted below.

3. During the year 2020, my medical office provided, among other testing and/or treatments, E&M services, and Shockwave Therapy at two locations in Brooklyn, New York: 3027 Avenue V, Brooklyn, New York and 632 Utica Avenue, Brooklyn, New York. My role at these two locations was limited in scope. In or about the spring of 2021, I learned for the first time that my name and credentials were utilized by certain unknown individuals as part of a scheme to dispense medication, durable medical equipment and prescribe tests and procedures as noted below. I did not prescribe or authorize a prescription for drug screening, toxicology services, prescription medications, prescription creams, prescription gels, diagnostic testing, radiological testing or otherwise for the certain prescriptions as demonstrated in paragraphs 4, 6, 9, 12, 15, 18,

21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95 below. A representative example of some of the prescriptions that are fraudulent in nature are shown below. The fact that a prescription is not specifically referenced below does not, and should not, be an indication that it is legitimate. As demonstrated below, the prescriptions that were allegedly prescribed by me at either 3027 Avenue V, Brooklyn, New York or 632 Utica Avenue, Brooklyn, New York are fraudulent in nature and are not legitimate.

S&K Pharmacy – Volfi Inc.

4. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by S&K Pharmacy a/k/a Volfi INC as indicated below:


LEADER™ *Telephone Prescription*

Kinray Generic Customer Service • Phone: 347-438-2884

Name [redacted]
Addre
Pharmacist _____ Time 3p.m.
Phone# _____ Refill 0

℞

Lidoderm patch
#60

Apply 1 patch to skin
BID

Spoke to MD

This Prescription Will Be Filled Generically Unless Prescriber Writes 'd a w' In The Box Below

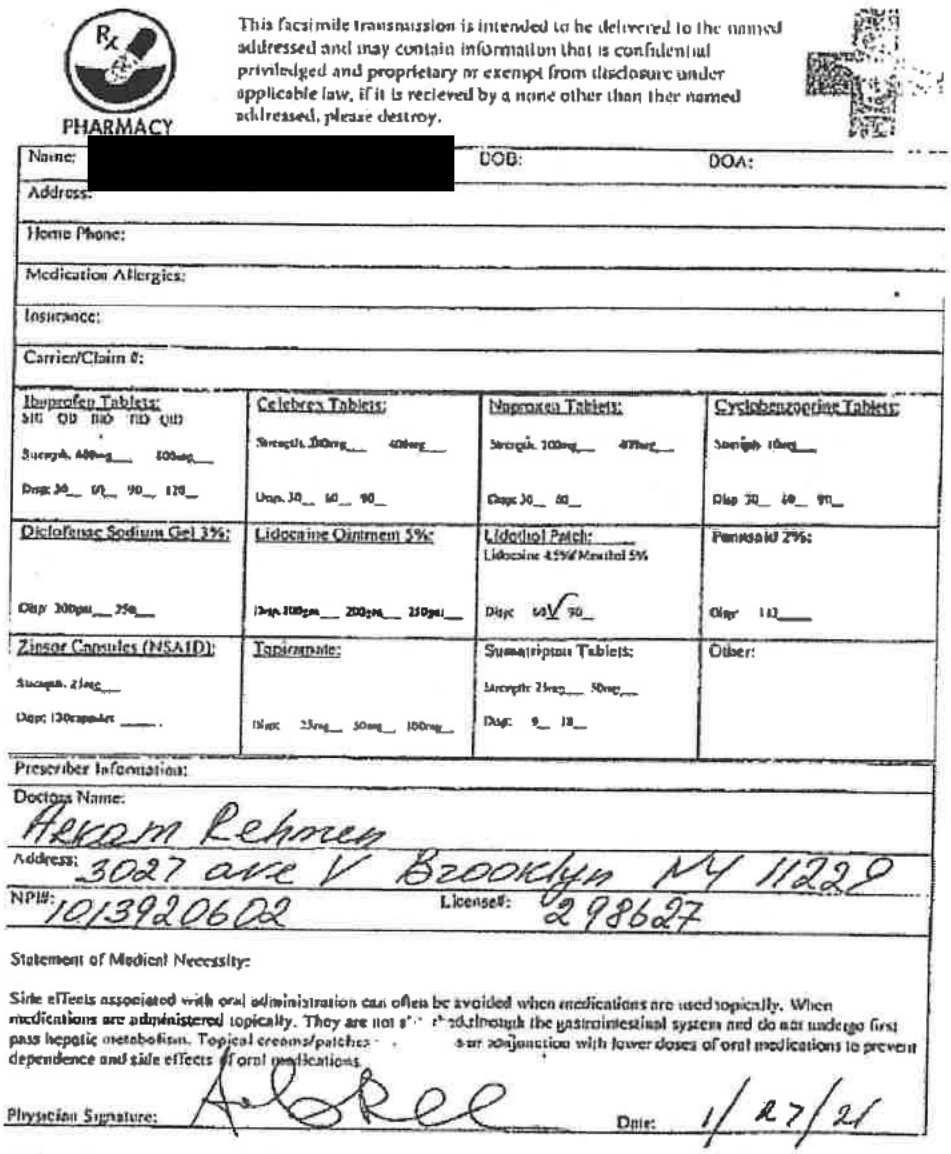
Dispense As Written

Dr. Rehma Arkam Tel: (917) 292-
Address 27th
Lic. No. _____ DEA# _____

Not A Physician Pad • Pharmacy Use Only

5. The above prescription in paragraph 4 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed.

6. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Statement of Medical Necessity contained within the prescription:



PHARMACY

This facsimile transmission is intended to be delivered to the named addressed and may contain information that is confidential privileged and proprietary or exempt from disclosure under applicable law. If it is recieved by a none other than ther named addressed, please destroy.

Name: [redacted] DOB: DOA:

Address:

Home Phone:

Medication Allergies:

Insurance:

Carrier/Claim #:

Ibuprofen Tablets: SIG QD BID TID QID Strength 400mg 800mg Disp 30 60 90 120	Celebrex Tablets: Strength 200mg 400mg Disp 30 60 90	Naproxen Tablets: Strength 500mg 375mg Disp 30 60	Cyclobenzaprine Tablets: Strength 10mg Disp 30 60 90
Diclofenac Sodium Gel 3%: Disp 100gm 250	Lidocaine Ointment 5%: Disp 100gm 200gm 250gm	Lidoltol Patch: Lidocaine 4.5%/Menthol 5% Disp 60 ✓ 90	Penneaid 2%: Disp 112
Zipsor Capsules (NSAID): Strength 25mg Disp 30capsules	Topiramate: Disp 25mg 50mg 100mg	Sumatriptan Tablets: Strength 25mg 50mg Disp 9 18	Other:

Prescriber Information:

Doctors Name: Avrom Rehmen

Address: 3027 ave V Brooklyn NY 11229

NPI#: 1013920602 License#: 298627

Statement of Medical Necessity:

Side effects associated with oral administration can often be avoided when medications are used topically. When medications are administered topically. They are not s[illegible]h the gastrointestinal system and do not undergo first pass hepatic metabolism. Topical creams/patches [illegible] in conjunction with lower doses of oral medications to prevent dependence and side effects of oral medications.

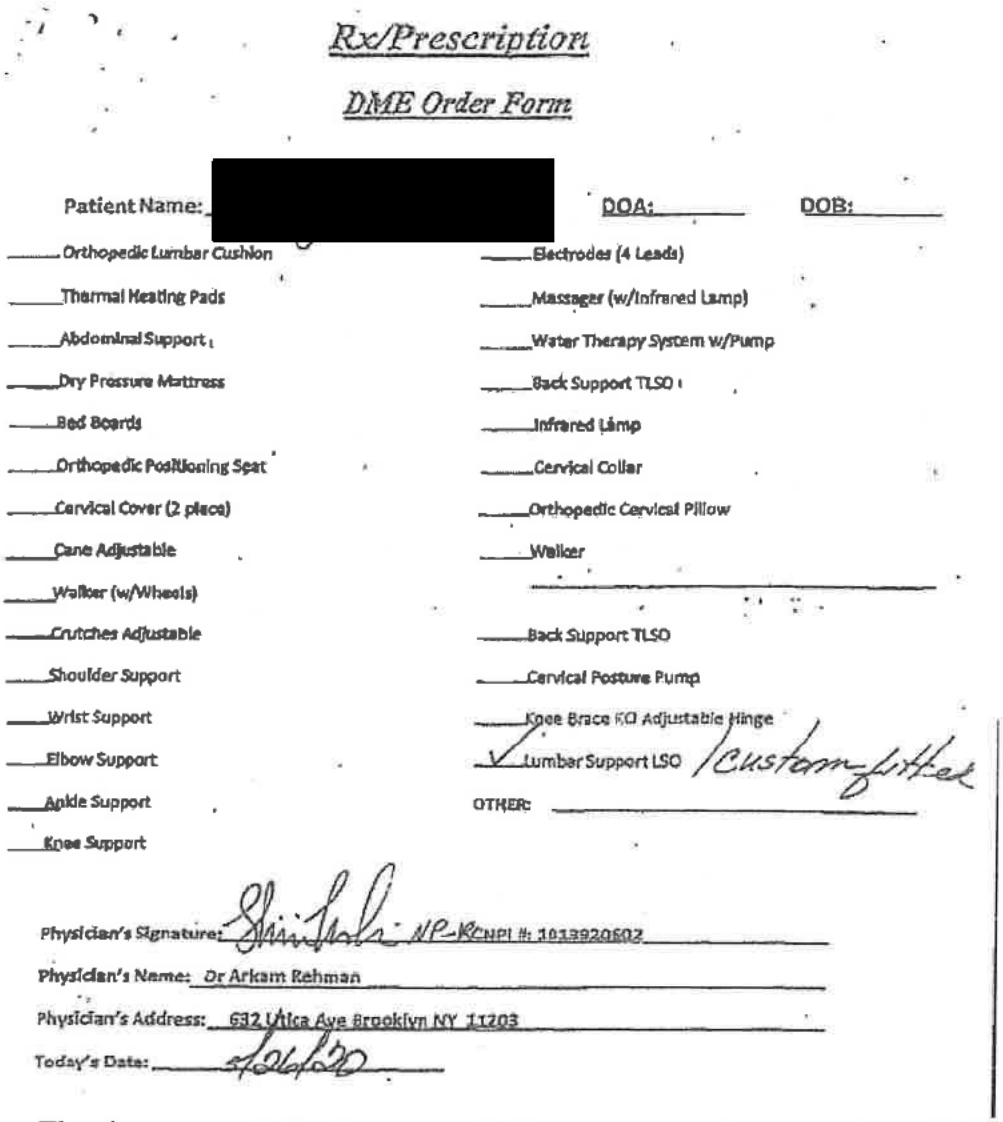
Physician Signature: A. Rell Date: 1/27/21

7. The above prescription in paragraph 6 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed nor did I sign or authorize the prescription.

8. The above-mentioned prescription in paragraph 6 presented by S&K Pharmacy a/k/a Volfi Inc that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

V V X, Inc

9. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by V V X, Inc. as indicated below:



Rx/Prescription

DME Order Form

Patient Name: [redacted] DOA: _____ DOB: _____

____Orthopedic Lumbar Cushion	____Electrodes (4 Leads)
____Thermal Heating Pads	____Massager (w/Infrared Lamp)
____Abdominal Support	____Water Therapy System w/Pump
____Dry Pressure Mattress	____Back Support TLSO
____Bed Boards	____Infrared Lamp
____Orthopedic Positioning Seat	____Cervical Collar
____Cervical Cover (2 piece)	____Orthopedic Cervical Pillow
____Cane Adjustable	____Walker
____Walker (w/Wheels)	_____
____Crutches Adjustable	____Back Support TLSO
____Shoulder Support	____Cervical Posture Pump
____Wrist Support	____Knee Brace RO Adjustable Hinge
____Elbow Support	V Lumbar Support LSO /Custom fitted
____Ankle Support	OTHER: _____
____Knee Support	

Physician's Signature: [signature] NP-RCNPI #: 1013920602

Physician's Name: Dr Arkam Rehman

Physician's Address: 632 Utica Ave Brooklyn NY 11203

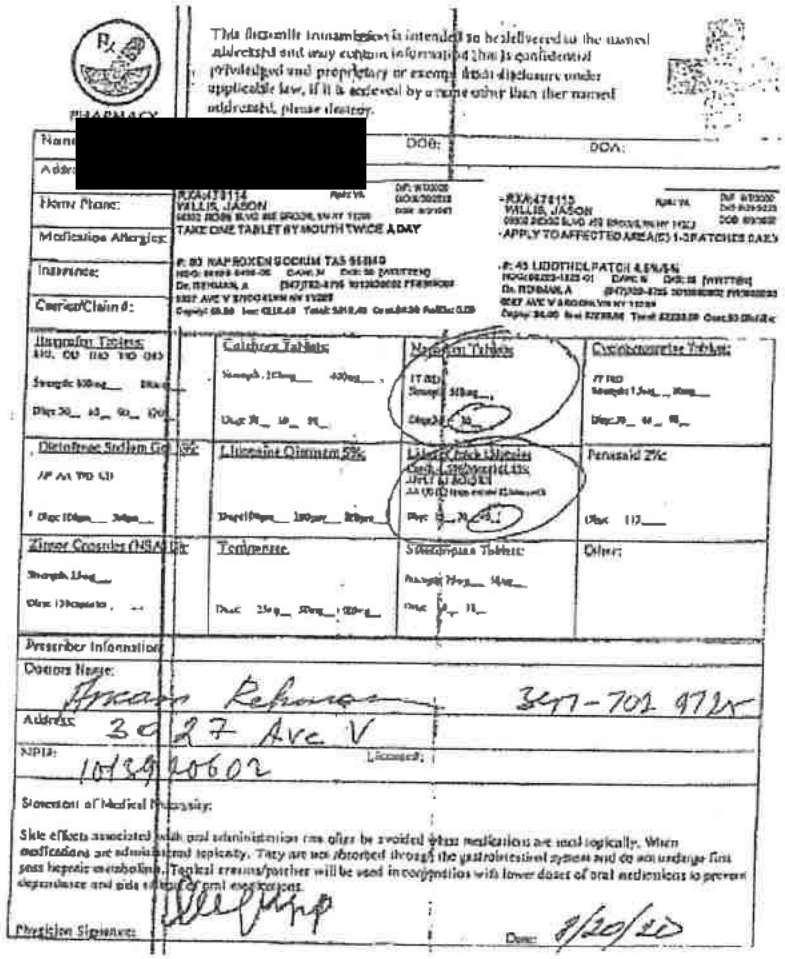
Today's Date: 4/26/20

10. The above prescription in paragraph 9 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed nor did I sign or authorize the prescription.

11. The above prescription in paragraph 9 presented by V V X, Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Top Choice Pharmacy Corp. – Top Choice Rx

12. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Top Choice Pharmacy Corp. – Top Choice Rx as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Statement of Medical Necessity contained within the prescription:



This facsimile transmission is intended to be delivered to the named addressee and may contain information that is confidential, privileged and proprietary or exempt from disclosure under applicable law. If it is received by a name other than the named addressee, please destroy.

[redacted]

DOB: DOA:

Home Phone:

Medication Allergies:

Insurance:

Claim#/Claim #:

TAKE ONE TABLET BY MOUTH TWICE A DAY

APPLY TO AFFECTED AREA(S) 1-3 PATCHES DAILY

Ibuprofen Tablets:

Calcitrex Tablets:

Naproxen Tablets:

Cyclobenzaprine Tablets:

Diclofenac Sodium Gel 1%:

Lidocaine Ointment 5%:

Lidocaine Patch 5%/Lidocaine Cream 4%/Menthol 4%/Methyl Salicylate 12%:

Penasaid 2%:

Zipsor Capsules (NSAID):

Tramacet:

Omeprazole Tablets:

Other:

Prescriber Information:

Doctors Name: Arman Rehman 347-702-9726

Address: 3627 Ave V

NPI#: 1013920602 Licensed:

Statement of Medical Necessity:

Side effects associated with oral administration can often be avoided when medications are used topically. When medications are administered topically, they are not absorbed through the gastrointestinal system and do not undergo first pass hepatic metabolism. Topical creams/patches will be used in conjunction with lower doses of oral medications to prevent dependence and side effects of oral medications.

Physician Signature: Date: 8/20/22

13. The above prescription in paragraph 12 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed nor did I sign or authorize the prescription.

14. The above-mentioned prescription in paragraph 12 presented by Top Choice Pharmacy Corp. – Top Choice Rx that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

TopLab

15. I did not prescribe nor authorize the prescription for any drug tests, drug screening or drug confirmations as allegedly provided by TopLab as indicated below:

TOPLAB

67-71 EAST WILLOW STREET
MILBURN, NJ 07041

Laboratory Report

Final Copy
Confidential – Laboratory Report

Lab Director: Ayad Mudarris
Tel#: (877)355-3580
Fax#: (866)899-3995
CLIA Number: 31D2135687

Client Information:	Patient Information:		Sample Information:	
Client: Medical Office of Brooklyn	Patient Name:	[redacted]	Lab Sample ID: 2010220025	
3027 Avenue V	Patient ID:	P9948069	Collected:	10/21/2020 06:08 AM
BROOKLYN, NY 11229	Date of Birth:	10/26/1987 (33 years)	Received:	10/22/2020 06:08 AM
Requesting Physician:	Male/Female:	Male	Reported:	10/23/2020 01:37 PM
Rehman, Arkam	Fasting:	NO		

PRESCRIBED MEDICATION:

TOPLAB

67-71 EAST WILLOW STREET
MILBURN, NJ 07041

Laboratory Report

Final Copy
Confidential – Laboratory Report

Lab Director: Ayad Mudarris
Tel#: (877)355-3580
Fax#: (866)899-3995
CLIA Number: 31D2135687

Client Information:	Patient Information:		Sample Information:	
Client: Medical Office of Brooklyn	Patient Name:	[redacted]	Lab Sample ID: 2010210015	
3027 Avenue V	Patient ID:	P9958410	Collected:	10/20/2020 04:51 AM
BROOKLYN, NY 11229	Date of Birth:	9/6/1999 (21 years)	Received:	10/21/2020 04:51 AM
Requesting Physician:	Male/Female:	Female	Reported:	11/25/2020 12:43 PM
Rehman, Arkam	Fasting:	NO		

PRESCRIBED MEDICATION:

16. The drug screening reports referenced above in paragraph 15 are a representative example and are fraudulent in nature as I never requested, prescribed, or ordered any drug tests, drug screenings or drug confirmations.

17. The above-mentioned prescriptions in paragraph 15 presented by TobLab claiming that I ordered a drug test, drug screening or drug confirmation alleged to have been requested, prescribed, or ordered by me is/are fraudulent in nature as I never requested, prescribed, or ordered or authorized the test.

[The remainder of this page is intentionally left blank]

TMVQS. Corp DBA Trinity Pharmacy

18. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by TMVQS. Corp DBA Trinity Pharmacy as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:

PRESCRIPTION ORDER FORM

THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEDGED AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT IS RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE, PLEASE CONTACT US AND DESTROY.

NAME: [redacted] DOB: / / DOA: / /

ADDRESS: CITY: STATE: ZIP:

EMAIL:

HOME PHONE: CELL PHONE:

INSURANCE:

CLAIM/CARRIER#: POLICY/WCB#:

ICD 10/BODY PARTS:

SOMNICIN 2MG-50MG-100MG-10MG-50MG CAPSULE

SIG: TAKE 1-2 CAPSULES BY MOUTH 30 MINUTES BEFORE BEDTIME

DISP: 30 60 90

REFILLS: 0

OTHER:

SIG:

DISP: 30 60 90

REFILLS:

LARK, COURTNEY [NOT]

SOMNICIN CAP

PRESCRIBER INFORMATION

NAME: A. Rehmes

ADDRESS: 3027 ave V

CITY: Brooklyn STATE: NY ZIP: 11229

NPI#: 1013920602 LIC# 298627

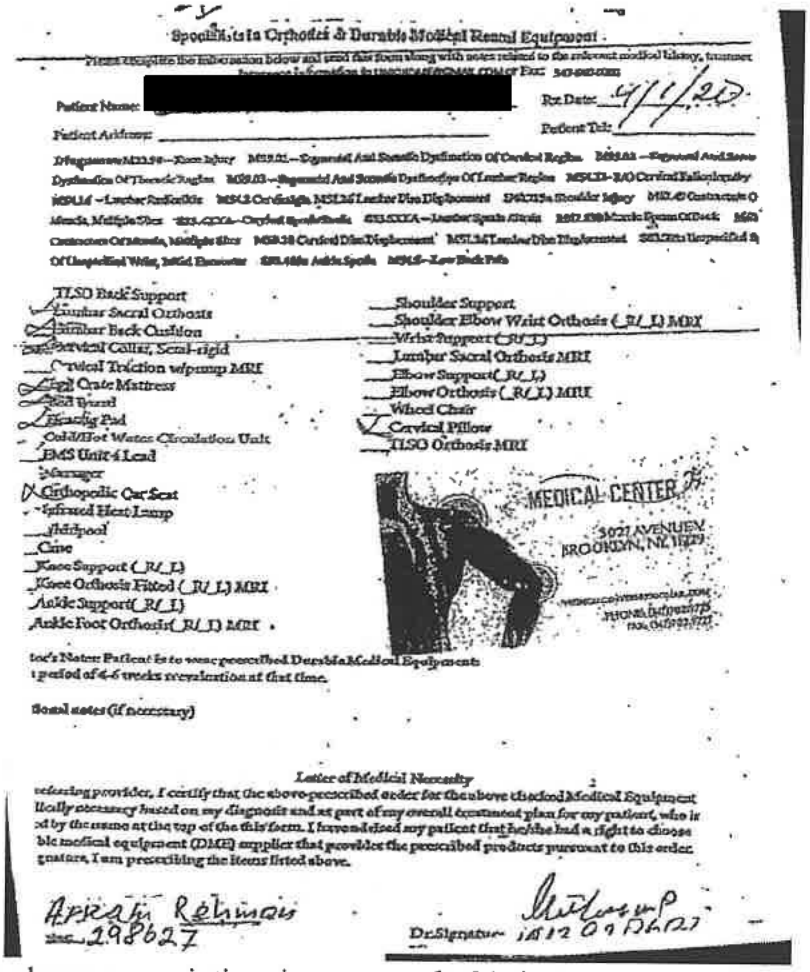
PHYSICIAN SIGNATURE: Adkee DATE 1/11/21

19. The above prescription order form in paragraph 18 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed nor did I sign or authorize the prescription.

20. The above-mentioned prescription in paragraph 18 presented by TMVQS. Corp DBA Trinity Pharmacy that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Supportive Products Corp

21. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Supportive Products Corp. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Letter of Medical Necessity contained within the prescription:



Specialists in Orthotics & Durable Medical Rental Equipment

Please complete the information below and send this form along with notes related to the relevant medical history, treatment

Patient Name: [redacted] Rx Date: 4/1/22

Patient Address: Patient Tel:

TLSO Back Support
Lumbar Sacral Orthosis
Lumbar Back Cushion
Cervical Collar, Semi-rigid
Cervical Traction w/pump MRI
Egg Crate Mattress
Bed Board
Elevating Pad
Cold/Hot Water Circulation Unit
EMS Unit 4 Lead
Massager
Orthopedic Car Seat
Infrared Heat Lamp
Whirlpool
Cane
Knee Support (_RI_L)
Knee Orthosis Fitted (_RI_L) MRI
Ankle Support(_RI_L)
Ankle Foot Orthosis(_RI_L) MRI

Shoulder Support
Shoulder Elbow Wrist Orthosis (_RI_L) MRI
Wrist Support (_RI_L)
Lumbar Sacral Orthosis MRI
Elbow Support(_RI_L)
Elbow Orthosis (_RI_L) MRI
Wheel Chair
Cervical Pillow
TLSO Orthosis MRI

MEDICAL CENTER
3021 AVENUE
BROOKLYN, NY

Doctor's Notes: Patient is to wear prescribed Durable Medical Equipment
period of 4-6 weeks re-evaluation at that time.

Additional notes (if necessary)

Letter of Medical Necessity

ordering provider, I certify that the above-prescribed order for the above checked Medical Equipment
ically necessary based on my diagnosis and as part of my overall treatment plan for my patient, who is
ed by the name at the top of this form. I have advised my patient that he/she had a right to choose
ble medical equipment (DME) supplier that provides the prescribed products pursuant to this order.
gnature, I am prescribing the items listed above.

Dr. Signature

22. The above prescription in paragraph 21 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed nor did I sign or authorize the prescription.

23. The above-mentioned prescription in paragraph 21 presented by Supportive Products Corp. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Time to Care Pharmacy Inc.

24. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Time to Care Pharmacy, Inc. as indicated below. The following prescriptions are also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:

Time to Care Pharmacy, INC.
248-47 Jericho TPKE Bellrose, NY 11426
Phone: (929)207-5300 Fax: (929)207-5400 1/20/2021 10:22:40AM

Rx Prov: Arkam Rehman
3027 avenue V
brooklyn, ny 11229
Phone: (347)702-9725 Fax: (904)292-2666

Ord Date 01/18/2021
NPI# 1013920602
LIC#: 298627
DEA#: FR8865000
SPI#

Patient: [redacted]
DOB [redacted] Gender F Rx#: 69702
Address: 1410 ROCKAWAY PARKWA' BROOKLYN, NY 11236
Phone (646)573-4789 Qty Ord: 60.000
Qty: 60.00 Days: 30 Refills: 0 PH/TH:AJ Class 0

Drug: NAPROXEN SODIUM 550MG TAB

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AFTER MEALS

Signature Date
This Prescription Will be Filled Generically Unless Prescriber Writes "DAW" in the Box N Dispense As Written

Facsimile Rx

Time to Care Pharmacy, INC.
248-47 Jericho TPKE Bellrose, NY 11426
Phone: (929)207-5300 Fax: (929)207-5400 1/20/2021 10:22:40AM

Rx Prov: Arkam Rehman
3027 avenue V
brooklyn, ny 11229
Phone: (347)702-9725 Fax: (904)292-2666

Ord Date 01/18/2021
NPI# 1013920602
LIC#: 298627
DEA#: FR8865000
SPI#

Patient: [redacted]
DOB [redacted] Gender F Rx#: 69703
Address: 1410 ROCKAWAY PARKWAY BROOKLYN, NY 11236
Phone (646)573-4789 Qty Ord: 200.000
Qty: 200.00 Days: 30 Refills: 0 PH/TH:AJ Class 0

Drug: DICLOFENAC SODIUM 3% GEL

Sig: APPLY TO AFFECTED AREA TWICE A DAY

Signature Date
This Prescription Will be Filled Generically Unless Prescriber Writes "DAW" in the Box N Dispense As Written

Facsimile Rx

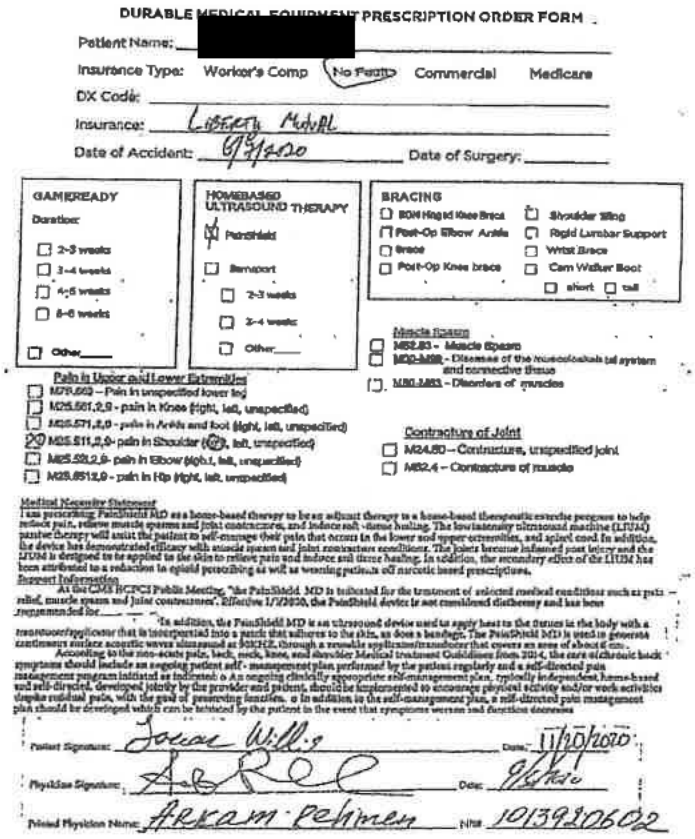
25. The above prescriptions in paragraph 24 are a representative example and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.

26. To the best of my recollection the above-mentioned prescription in paragraph 24 presented by Time to Care Pharmacy, Inc. Rx that is/are alleged to have been prescribed by me

is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Simply DME LLC

27. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Simply DME LLC as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Medical Necessity Statement contained within the prescription:



DURABLE MEDICAL EQUIPMENT PRESCRIPTION ORDER FORM

Patient Name: [redacted]

Insurance Type: Worker's Comp No Fault Commercial Medicare

DX Code:

Insurance: LIBERTY MUTUAL

Date of Accident: 6/14/20 Date of Surgery:

GAMEREADY
Duration:
☐ 2-3 weeks
☐ 3-4 weeks
☐ 4-5 weeks
☐ 6-8 weeks
☐ Other

HOMEBASED ULTRASOUND THERAPY
☒ PainShield
☐ Bemaport
☐ 2-3 weeks
☐ 3-4 weeks
☐ Other

BRACING
☐ ROM Hinged Knee Brace ☐ Shoulder Sling
☐ Post-Op Elbow Ankle ☐ Rigid Lumbar Support
☐ Brace ☐ Wrist Brace
☐ Post-Op Knee brace ☐ Cam Walker Boot
☐ short ☐ tall

Muscle Spasm
☐ M62.83 – Muscle Spasm
☐ M60-M63 – Disease of the musculoskeletal system and connective tissue
☐ M60-M63 – Disorders of muscles

Pain in Upper and Lower Extremities
☐ M79.603 – Pain in unspecified lower leg
☐ M25.561,2,9 - pain in Knee (right, left, unspecified)
☐ M25.571,2,9 - pain in Ankle and foot (right, left, unspecified)
☒ M25.511,2,9- pain in Shoulder (right, left, unspecified)
☐ M25.521,2,9- pain in Elbow (right, left, unspecified)
☐ M25.551,2,9 - pain in Hip (right, left, unspecified)

Contracture of Joint
☐ M24.60 – Contracture, unspecified joint
☐ M62.4 – Contracture of muscle

Medical Necessity Statement
I am prescribing PainShield MD as a home-based therapy to be an adjunct therapy in a home-based therapeutic exercise program to help reduce pain, relieve muscle spasms and joint contractures, and induce soft -tissue healing. The low intensity ultrasound machine (LIUM) passive therapy will assist the patient in self-manage their pain that occurs in the lower and upper extremities, and spinal cord. In addition, the device has demonstrated efficacy with muscle spasm and joint contracture conditions. The joint became inflamed post injury and the LIUM is designed to be applied to the skin to relieve pain and induce and tissue healing. In addition, the secondary effect of the LIUM has been attributed to a reduction in opioid prescribing as well as weaning patients off narcotic based prescriptions.
Support Information
As the CMS HCPCS Public Meeting, "the PainShield MD is indicated for the treatment of selected medical conditions such as pain relief, muscle spasm and joint contractures". Effective 1/1/2020, the PainShield device is not considered diathermy and has been recommended for
In addition, the PainShield MD is an ultrasound device used to apply heat to the tissues in the body with a transducer/applicator that is incorporated into a patch that adheres to the skin, as does a bandage. The PainShield MD is used to generate continuous surface acoustic waves ultrasound at 960KHZ, through a reusable applicator/transducer that covers an area of about 6 cm.
According to the non-acute pain, back, neck, knee, and shoulder Medical treatment Guidelines from 2014, the care of chronic back symptoms should include an ongoing patient self - management plan performed by the patient regularly and a self-directed pain management program initiated as indicated: o An ongoing clinically appropriate self-management plan, typically independent, home-based and self-directed, developed jointly by the provider and patient, should be implemented to encourage physical activity and/or work activities despite residual pain, with the goal of preserving function. o In addition, as the self-management plan, a self-directed pain management plan should be developed which can be initiated by the patient in the event that symptoms worsen and function decreases

Patient Signature: Date: 11/20/2020

Physician Signature: Date: 9/15/20

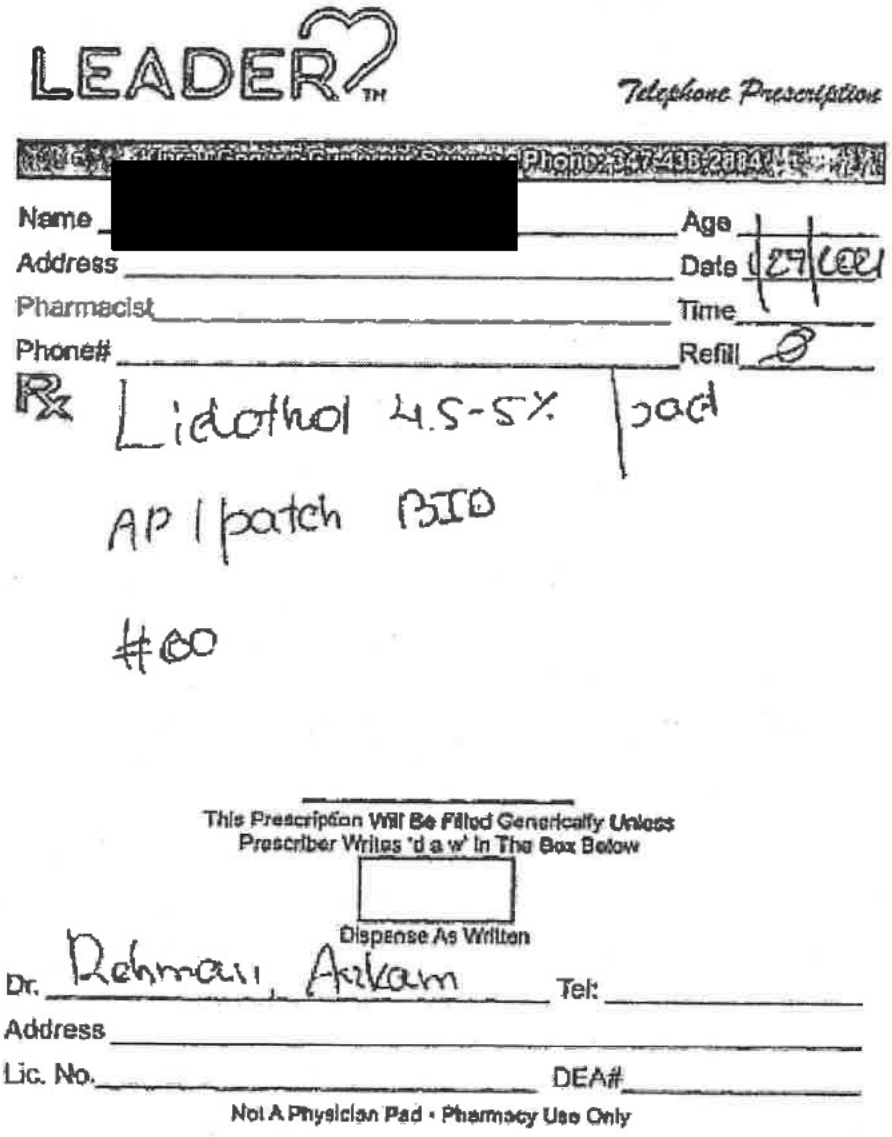
Printed Physician Name: Arsam Pehlivan NPI: 1013920602

28. The above prescription order form in paragraph 27 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.

29. The above-mentioned prescription in paragraph 27 presented by Simply DME LLC that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never knowingly prescribed or authorized the item to be dispensed.

S&K Warbasse Pharmacy Inc.

31. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by S&K Warbasse Pharmacy Inc. as indicated below. The following prescriptions are also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:



LEADER™ *Telephone Prescription*

Phone: 347-438-2814

Name [redacted] Age

Address Date 8/9/22

Pharmacist Time

Phone# Refill 0

Rx Lidothol 4.5-5% pad

AP 1 patch BID

#60

This Prescription Will Be Filled Generically Unless Prescriber Writes 'd a w' In The Box Below

Dispense As Written

Dr. Rehman, Arkam Tel:

Address

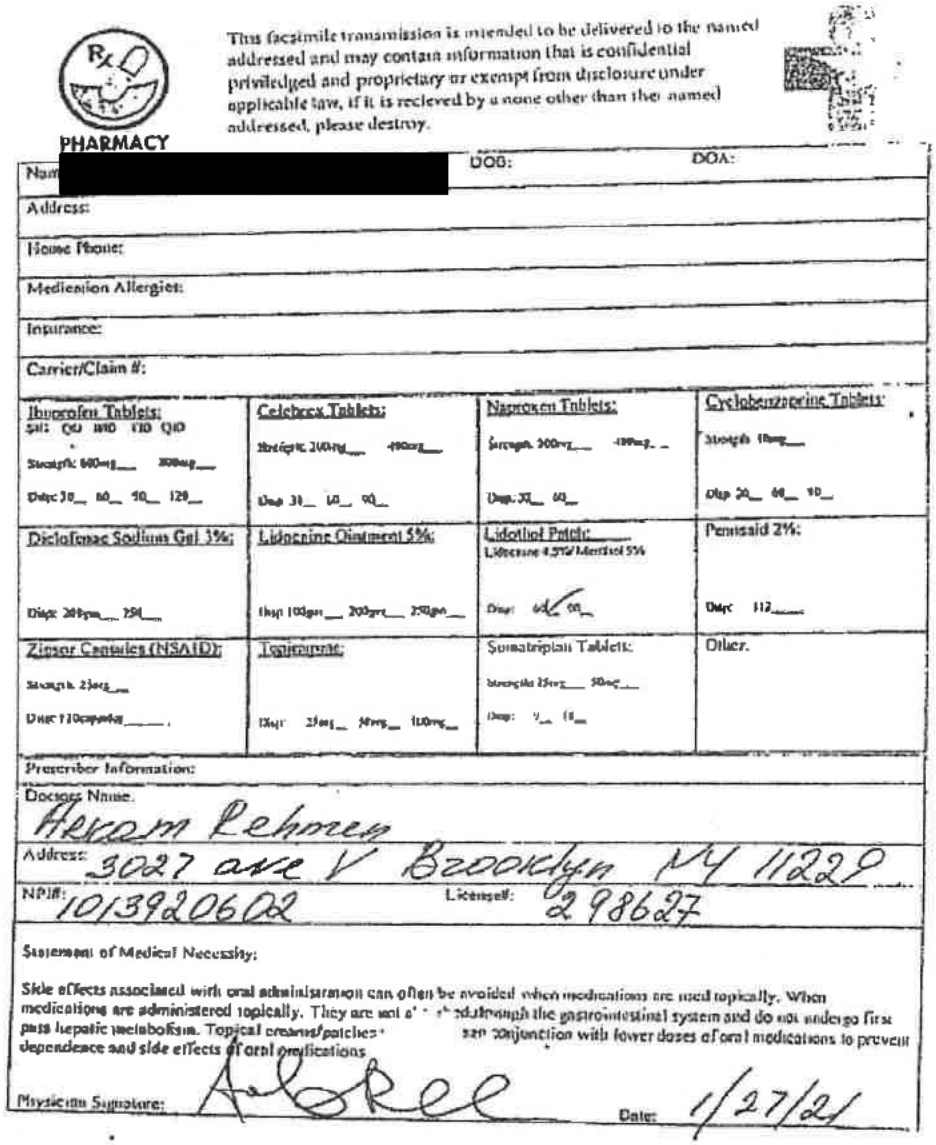
Lic. No. DEA#

Not A Physician Pad - Pharmacy Use Only

32. The above prescription in paragraph 31 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed.

33. The following prescription below is also fraudulent in nature as I did not sign the

prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Statement of Medical Necessity contained within the prescription:



PHARMACY

This facsimile transmission is intended to be delivered to the named addressed and may contain information that is confidential privileged and proprietary or exempt from disclosure under applicable law, if it is recieved by a none other than the named addressed, please destroy.

[redacted] DOB: DOA:

Address:

Home Phone:

Medication Allergies:

Insurance:

Carrier/Claim #:

Ibuprofen Tablets: Sig: QD BID TID QID — Strength: 600mg 800mg — Dispense: 30 60 90 120

Celebrex Tablets: Strength: 200mg 400mg — Disp: 30 60 90

Naproxen Tablets: Strength: 500mg 375mg — Disp: 30 60

Cyclobenzaprine Tablets: Strength: 10mg — Disp: 20 60 90

Diclofenac Sodium Gel 3%: Disp: 200gm 250

Lidocaine Ointment 5%: Disp: 100gm 200gm 250gm

Lidothol Patch: Lidocaine 4.5% Menthol 5% — Disp: 60 90

Penisaid 2%: Disp: 112

Zipsor Capsules (NSAID): Strength: 25mg — Disp: 10 Capsules

Topiramate: Disp: 25mg 50mg 100mg

Sumatriptan Tablets: Strength: 25mg 50mg — Disp: 9 18

Other.

Prescriber Information:

Doctors Name: Hesam Rehmey

Address: 3027 ave V Brooklyn NY 11229

NPI#: 1013920602 License#: 298627

Statement of Medical Necessity:

Side effects associated with oral administration can often be avoided when medications are used topically. When medications are administered topically, they are not absorbed through the gastrointestinal system and do not undergo first pass hepatic metabolism. Topical creams/patches can be used in conjunction with lower doses of oral medications to prevent dependence and side effects of oral medications.

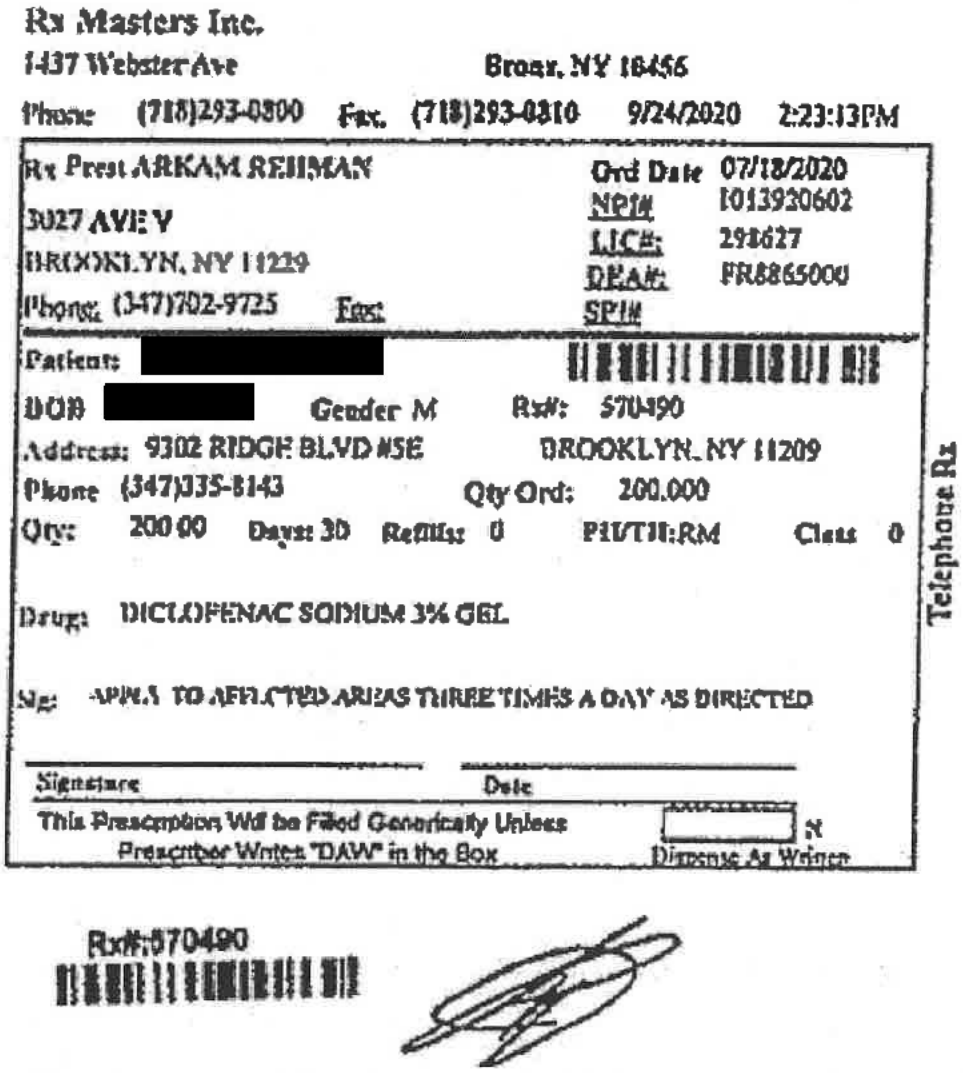
Physicians Signature: [signature] Date: 1/27/21

34. The above prescription order form in paragraph 33 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.

35. The above-mentioned prescriptions in paragraphs 31 and 33 presented by S&K Warbasse Pharmacy Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

RX Masters, Inc.

36. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by RX Masters, Inc as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:



Rx Masters Inc.
1437 Webster Ave Bronx, NY 10456
Phone (718)293-0800 Fax (718)293-0810 9/24/2020 2:23:13PM

Rx Prov: ARKAM REHMAN
3027 AVE Y
BROOKLYN, NY 11229
Phone: (347)702-9725 Fax:

Ord Date 07/18/2020
NPI# 1013920602
LIC#: 298627
DEA#: FR8865000
SPI#

Patient: [redacted]
DOB [redacted] Gender M Rx#: 570490
Address: 9302 RIDGE BLVD #5E BROOKLYN, NY 11209
Phone (347)335-8143 Qty Ord: 200.000
Qty: 200.00 Days: 30 Refills: 0 PIVTH:RM Class 0

Drug: DICLOFENAC SODIUM 3% GEL

Sig: APPLY TO AFFECTED AREAS THREE TIMES A DAY AS DIRECTED

Signature Date

This Prescription Will be Filled Generically Unless Prescriber Writes "DAW" in the Box [ ] N Dispense As Written

Telephone Rx

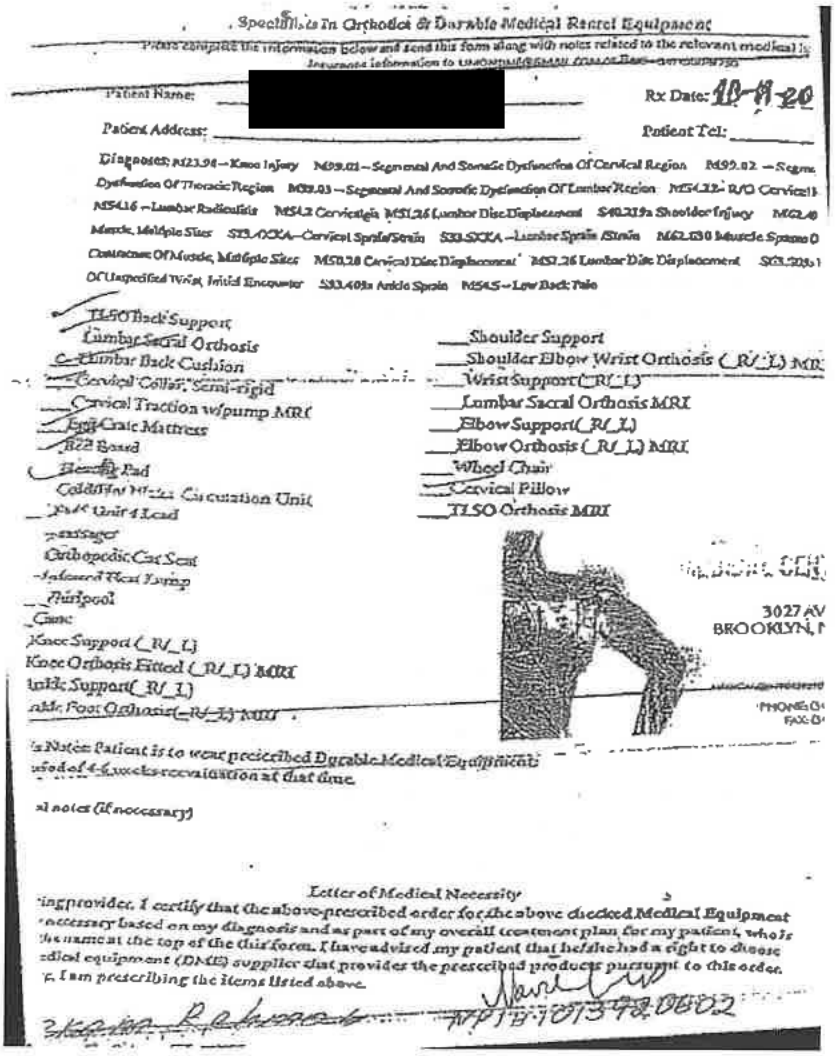
Rx#:570490

37. The above prescription in paragraph 36 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.

38. To the best of my recollection, the above-mentioned prescription in paragraph 36 presented by RX Masters, Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Rosar Medical Equipment Corp.

39. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Rosar Medical Equipment Corp. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Letter of Medical Necessity contained within the prescription:



Specialists in Orthotics & Durable Medical Rental Equipment

Please complete the information below and send this form along with notes related to the relevant medical h
Insurance information to [redacted]

Patient Name: [redacted] Rx Date: 10-19-20

Patient Address: Patient Tel:

Diagnosis: M23.94—Knee Injury M99.01—Segmental And Somatic Dysfunction Of Cervical Region M99.02—Segme
Dysfunction Of Thoracic Region M99.03—Segmental And Somatic Dysfunction Of Lumbar Region M54.12—R/O Cervicalg
M54.16—Lumbar Radiculitis M54.2 Cervicalgia M51.26 Lumbar Disc Displacement S40.219a Shoulder Injury M62.40
Muscle, Multiple Sites S33.5XXA—Cervical Sprain/Strain S33.5XXA—Lumbar Sprain /Strain M62.830 Muscle Spasm O
Contracture Of Muscle, Multiple Sites M50.20 Cervical Disc Displacement M51.26 Lumbar Disc Displacement S63.2XXA
Of Unspecified Wrist, Initial Encounter S33.403a Ankle Sprain M54.5—Low Back Pain

- TLSO Back Support
- Lumbar Sacral Orthosis
- Lumbar Back Cushion
- Cervical Collar, Semi-rigid
- Cervical Traction w/pump MRI
- Egg Crate Mattress
- B/P Board
- Electrify Pad
- Cold/Hot Water Circulation Unit
- Unit 4 Lead
- passager
- Orthopedic Car Seat
- Inflated Heat Pump
- Whirlpool
- Cane
- Knee Support (R/L)
- Knee Orthosis Fitted (R/L) MRI
- Ankle Support (R/L)
- Ankle Foot Orthosis (R/L) MRI
- Shoulder Support
- Shoulder Elbow Wrist Orthosis (R/L) MRI
- Wrist Support (R/L)
- Lumbar Sacral Orthosis MRI
- Elbow Support (R/L)
- Elbow Orthosis (R/L) MRI
- Wheel Chair
- Cervical Pillow
- TLSO Orthosis MRI

3027 AV
BROOKLYN, N

PHONE: (
FAX: (

Note: Patient is to wear prescribed Durable Medical Equipment
period of 4-6 weeks re-evaluation at that time.

additional notes (if necessary)

Letter of Medical Necessity

I, the ordering provider, I certify that the above-prescribed order for the above checked Medical Equipment
is medically necessary based on my diagnosis and as part of my overall treatment plan for my patient, who is
identified by name at the top of this form. I have advised my patient that he/she has a right to choose
a medical equipment (DME) supplier that provides the prescribed products pursuant to this order.
Specifically, I am prescribing the items listed above.

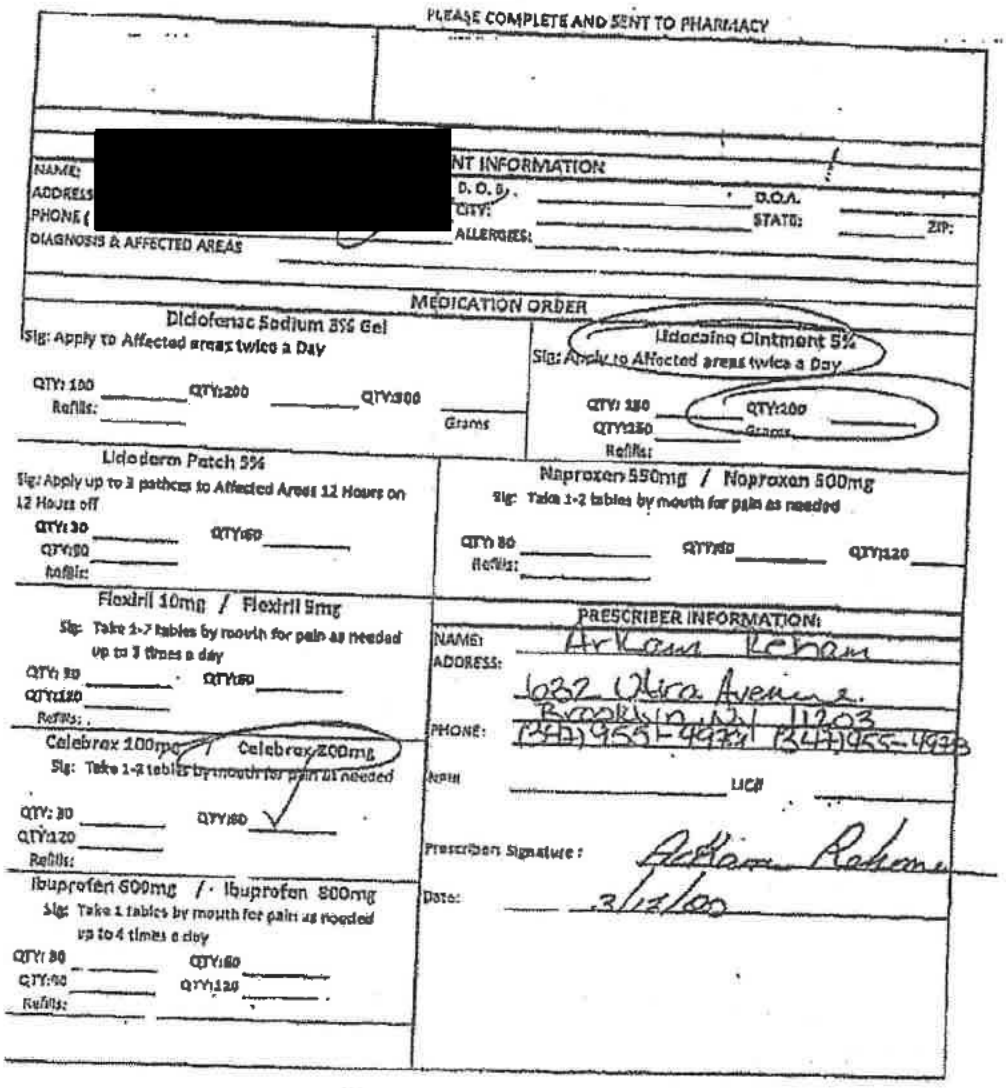
NPI # 1013478602

40. The above prescription order form in paragraph 39 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.

41. The above-mentioned prescription in paragraph 39 presented by Rosar Medical Equipment Corp. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Myehm RX Inc.

42. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Myehm RX Inc. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:



PLEASE COMPLETE AND SENT TO PHARMACY

[redacted]

NAME:
ADDRESS:
PHONE #:
DIAGNOSIS & AFFECTED AREAS

NT INFORMATION
D. O. B.:
CITY:
ALLERGIES:
D.O.A.
STATE:
ZIP:

MEDICATION ORDER

Diclofenac Sodium 3% Gel
Sig: Apply to Affected areas twice a Day
QTY: 100 ____ QTY:200 ____ QTY:300 ____
Refills: ____ Grams

Lidocaine Ointment 5%
Sig: Apply to Affected areas twice a Day
QTY: 180 ____ QTY:200 ____
QTY:250 ____ Grams
Refills:

Lidoderm Patch 5%
Sig: Apply up to 3 patches to Affected Areas 12 Hours on 12 Hours off
QTY: 30 ____ QTY:60 ____
QTY:90 ____
Refills:

Naproxen 550mg / Naproxen 500mg
Sig: Take 1-2 tabs by mouth for pain as needed
QTY: 60 ____ QTY:90 ____ QTY:120 ____
Refills: ____

Flexiril 10mg / Flexiril 5mg
Sig: Take 1-2 tabs by mouth for pain as needed up to 3 times a day
QTY: 30 ____ QTY:60 ____
QTY:120 ____
Refills:

Celebrex 100mg / Celebrex 200mg
Sig: Take 1-2 tabs by mouth for pain as needed
QTY: 30 ____ QTY:60 ✓
QTY:120 ____
Refills:

Ibuprofen 600mg / Ibuprofen 800mg
Sig: Take 1 tabs by mouth for pain as needed up to 4 times a day
QTY: 30 ____ QTY:60 ____
QTY:90 ____ QTY:120 ____
Refills:

PRESCRIBER INFORMATION:
NAME: Arkam Rahman
ADDRESS: 1632 Utica Avenue 2. Brooklyn, NY 11203
PHONE: (347) 955-4933 (347) 955-4933
NPI#: ____ LIC#: ____
Prescriber Signature: Arkam Rahman
Date: 3/12/20

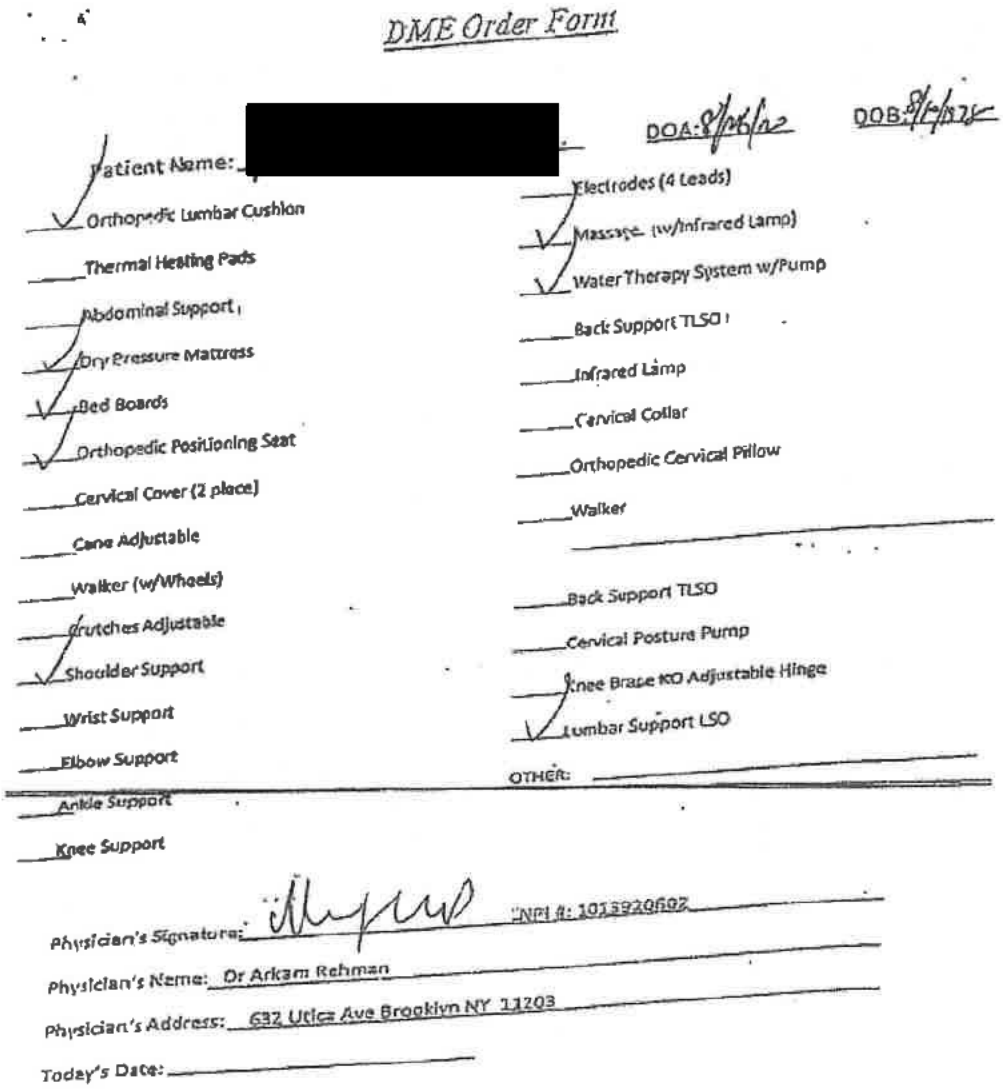
43. The above prescription in paragraph 42 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.

44. The prescription in paragraph 42 presented by Myehm RX Inc. that is/are alleged

to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Mednavet, Inc.

45. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Mednavet, Inc. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:



DME Order Form

Patient Name: [redacted] DOA: 8/26/22 DOB: 8/6/37

- ✓ Orthopedic Lumbar Cushion
- ___ Thermal Heating Pads
- ___ Abdominal Support
- ✓ Dry Pressure Mattress
- ✓ Bed Boards
- ✓ Orthopedic Positioning Seat
- ___ Cervical Cover (2 place)
- ___ Cane Adjustable
- ___ Walker (w/Wheels)
- ___ Crutches Adjustable
- ✓ Shoulder Support
- ___ Wrist Support
- ___ Elbow Support
- ___ Ankle Support
- ___ Knee Support

- ___ Electrodes (4 Leads)
- ✓ Massage (w/Infrared Lamp)
- ✓ Water Therapy System w/Pump
- ___ Back Support TLSO
- ___ Infrared Lamp
- ___ Cervical Collar
- ___ Orthopedic Cervical Pillow
- ___ Walker
- ___ Back Support TLSO
- ___ Cervical Posture Pump
- ___ Knee Brace RO Adjustable Hinge
- ✓ Lumbar Support LSO

OTHER: ___

Physician's Signature: [signature] NPI #: 1013920602

Physician's Name: Dr Arkam Rehman

Physician's Address: 632 Utica Ave Brooklyn NY 11203

Today's Date: ___

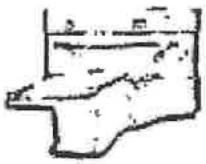
46. The above prescription order form in paragraph 45 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.

47. The prescription in paragraph 45 presented by Mednavet, Inc. that is/are alleged

to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Medical Diagnostic Center

48. I did not prescribe nor authorize a prescription for any diagnostic imaging studies, X-Rays, or Magnetic Resonance Imaging (MRIs) as allegedly provided by Medical Diagnostic Center as indicated below:



MEDICAL DIAGNOSTIC CENTER
1664 East 14th Street Lower Level
Brooklyn, NY 11229
718 336 1865

Patient Name: [redacted]
Date of Birth: [redacted]
Gender: M
Date of Service: 17-Dec-2020 12:19:58 PM
MRN: SR427
Ref Physician: DR.REHMAN

MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

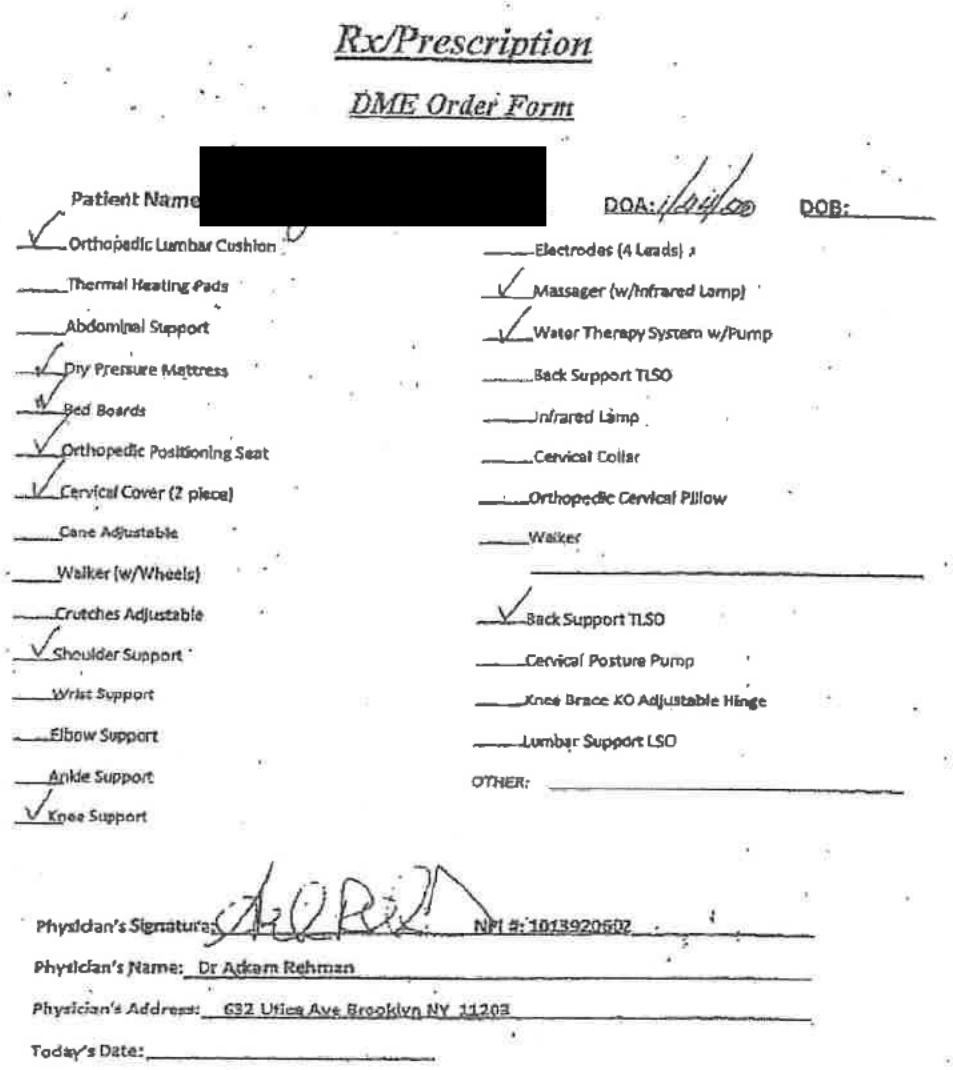
CLINICAL HISTORY: MVA.

49. The MRI report referenced above report in paragraph 48 is a representative example and is fraudulent in nature as I never requested, prescribed, or ordered any diagnostic imaging studies, X-Rays, or Magnetic Resonance Imaging (MRIs).

50. To the best of my recollection the above-mentioned requests or prescription in paragraph 48 presented by Medical Diagnostic Center claiming that I ordered any diagnostic imaging studies, X-Rays, or Magnetic Resonance Imaging (MRIs) alleged to have been requested, prescribed, or ordered by me is/are fraudulent in nature as I never requested, prescribed, or ordered or authorized the test.

Levnic Inc.

51. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Levnic Inc. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:



Rx/Prescription

DME Order Form

Patient Name: [redacted] DOA: 1/24/20 DOB: _____

- ✓ Orthopedic Lumbar Cushion
- ____ Thermal Heating Pads
- ____ Abdominal Support
- ✓ Dry Pressure Mattress
- ✓ Bed Boards
- ✓ Orthopedic Positioning Seat
- ✓ Cervical Cover (2 piece)
- ____ Cane Adjustable
- ____ Walker (w/Wheels)
- ____ Crutches Adjustable
- ✓ Shoulder Support
- ____ Wrist Support
- ____ Elbow Support
- ____ Ankle Support
- ✓ Knee Support
- ____ Electrodes (4 Leads) x
- ✓ Massager (w/Infrared Lamp)
- ✓ Water Therapy System w/Pump
- ____ Back Support TLSO
- ____ Infrared Lamp
- ____ Cervical Collar
- ____ Orthopedic Cervical Pillow
- ____ Walker
- ✓ Back Support TLSO
- ____ Cervical Posture Pump
- ____ Knee Brace KO Adjustable Hinge
- ____ Lumbar Support LSO

OTHER: _____

Physician's Signature: [signature] NPI #: 1013920602

Physician's Name: Dr Adam Rehman

Physician's Address: 632 Utica Ave Brooklyn NY 11203

Today's Date: _____

52. The above prescription order form in paragraph 51 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.

53. The above-mentioned prescription in paragraph 51 presented by Levnic Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Healing Services Inc.

54. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Healing Services Inc. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following equipment be given to the patient:

℞ Referral / Physician's Prescription

Please complete the information below and email/fax this form along with notes related to the relevant medical history & treatment to: Infosamrecover@gmail.com or Fax: 877-665-5589.

PATIENT INFORMATION:

Patient Name: [redacted] Date of Birth: SS#:

Patient Address:

City: State: Zip Code: Phone:

DIAGNOSIS and RELATED INFO: Date of Incident: 03/11/2020

Diagnosis: ICD 10 Code:

Symptoms:

Limitations:

Pain Level: ☐ No Pain ☐ Mild Pain ☑ Moderate Pain ☑ Severe Pain ☐ Worst Pain Possible

PRODUCT: sam® (Sustained Acoustic Medicine) Unit and Coupling Patches

I am prescribing sam® which is an FDA cleared wearable Ultrasound for multi-hour treatment to reduce pain and accelerate the natural healing cascade for musculoskeletal related injuries, sam® has been clinically shown to increase Collagen Laydown, increase Oxygenated Hemoglobin in the muscle and increase Blood-flow to accelerate the recovery and reduction of pain for the associated injury, sam® can be used as an adjunct therapy with Physical Therapy and exercise. I certify that the sam® unit is medically indicated and in my opinion is reasonable and necessary to treat this patients condition.

☑ C/SPINE ☑ T/SPINE ☑ L/BACK ☐ KNEE L/R ☐ ANKLE L/R ☐ SHOULDER L/R

☐ HAND L/R ☐ WRIST L/R ☐ ELBOW L/R ☐ HIP L/R ☐ OTHER

Duration of Treatment:

1 Treatment per day; up to 4 Hrs. per day for up to ☐ 4 Weeks ☐ 6 Weeks ☑ 8 Weeks ☐ Other

PHYSICIAN'S INFORMATION:

Physician Print Name: Arkadi Rekhman

Physician Address: 630 Utica Ave

City: Brklyn State: NY Zip Code: 11203 Phone: 3479554939

NPI #: 1013920602 License #:

Physicians Signature: Date: 3/1/20

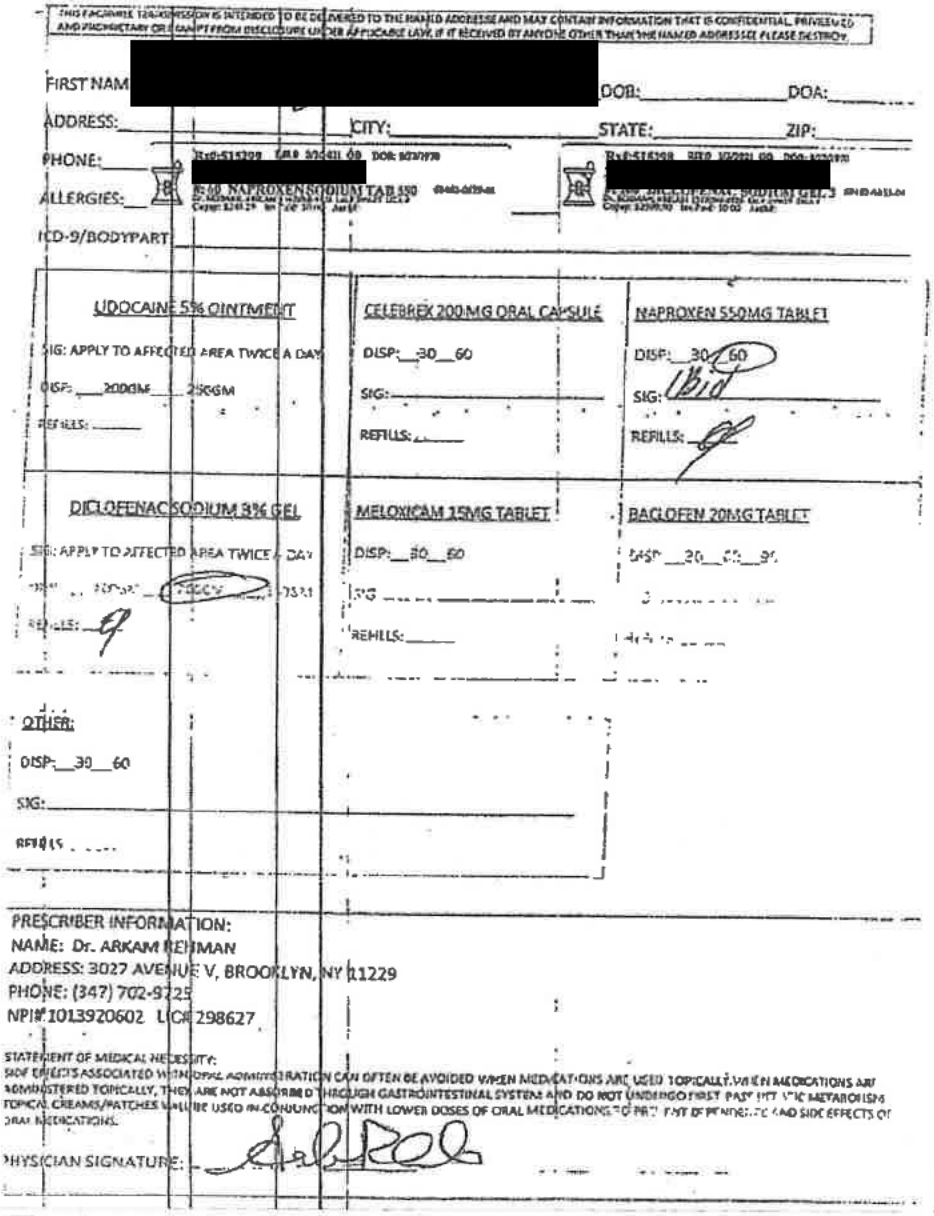
NOTE: Please include (FAX or Email) all the appropriate Medical Notes with the Prescription

55. The above prescription order form in paragraph 54 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.

56. The above-mentioned prescription in paragraph 54 presented by Healing Services Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Ideal Care Pharmacy

57. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Ideal Care Pharmacy as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Statement of Medical Necessity contained within the prescription:



THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY.

FIRST NAM [redacted] DOB: DOA:

ADDRESS: CITY: STATE: ZIP:

PHONE: [redacted]

ALLERGIES:

ICD-9/BODYPART

UDOCAINE 5% OINTMENT
SIG: APPLY TO AFFECTED AREA TWICE A DAY
DISP: 200GM 250GM
REFILLS:

CELEBREX 200MG ORAL CAPSULE
DISP: 30 60
SIG:
REFILLS:

NAPROXEN 550MG TABLET
DISP: 30 60
SIG: 1 bid
REFILLS:

DICLOFENAC SODIUM 3% GEL
SIG: APPLY TO AFFECTED AREA TWICE A DAY
REFILLS:

MELOXICAM 15MG TABLET
DISP: 30 60
REFILLS:

BACLOFEN 20MG TABLET

OTHER:
DISP: 30 60
SIG:
REFILLS:

PRESCRIBER INFORMATION:
NAME: Dr. ARKAM REHMAN
ADDRESS: 3027 AVENUE V, BROOKLYN, NY 11229
PHONE: (347) 702-9225
NPI# 1013920602 LIC# 298627

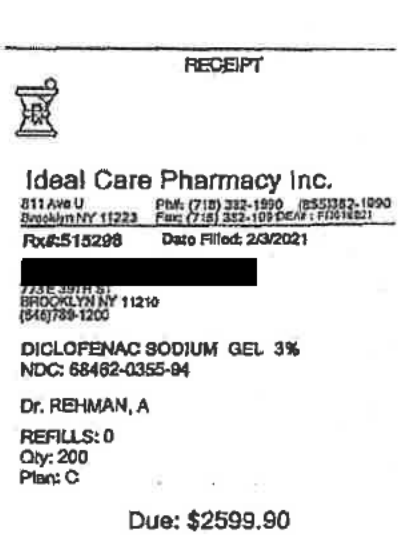
STATEMENT OF MEDICAL NECESSITY:
SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST PASS HEPATIC METABOLISM TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT OF PENDING ADR AND SIDE EFFECTS OF ORAL MEDICATIONS.

PHYSICIAN SIGNATURE:

58. The above prescription order form in paragraph 57 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize

the prescription.

59. The following prescriptions are also fraudulent in nature as I did not sign the prescriptions nor did not prescribe or request that the following medications be given to the patient:



RECEIPT

Ideal Care Pharmacy Inc.

811 Ave U Phn: (718) 382-1990 (855)382-1990
Brooklyn NY 11223 Fax: (718) 382-1991 DEA# : FI3016921

Rx#:515298 Date Filled: 2/3/2021

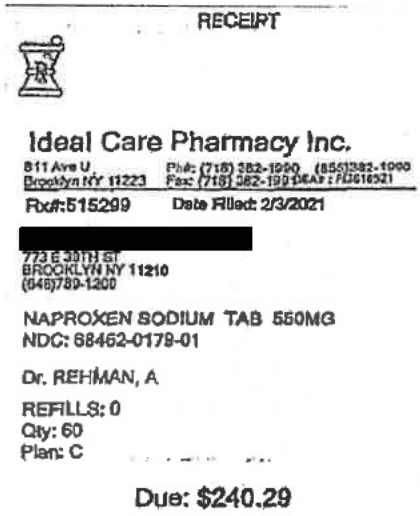
[redacted]
773 E 39TH ST
BROOKLYN NY 11210
(646)789-1200

DICLOFENAC SODIUM GEL 3%
NDC: 68462-0355-94

Dr. REHMAN, A

REFILLS: 0
Qty: 200
Plan: C

Due: $2599.90



RECEIPT

Ideal Care Pharmacy Inc.

811 Ave U Phn: (718) 382-1990 (855)382-1990
Brooklyn NY 11223 Fax: (718) 382-1991 DEA# : FI3016921

Rx#:515299 Date Filled: 2/3/2021

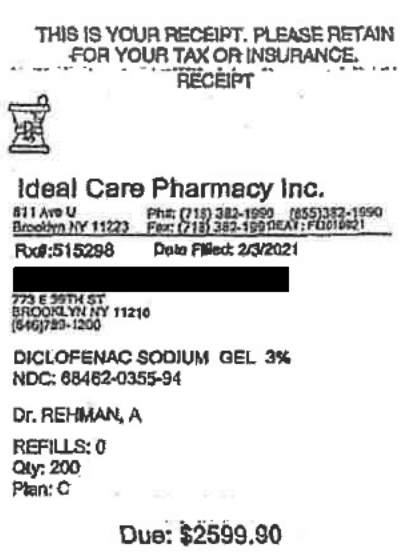
[redacted]
773 E 39TH ST
BROOKLYN NY 11210
(646)789-1200

NAPROXEN SODIUM TAB 550MG
NDC: 68462-0179-01

Dr. REHMAN, A

REFILLS: 0
Qty: 60
Plan: C

Due: $240.29



THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.
RECEIPT

Ideal Care Pharmacy Inc.

811 Ave U Phn: (718) 382-1990 (855)382-1990
Brooklyn NY 11223 Fax: (718) 382-1991 DEA# : FI3016921

Rx#:515298 Date Filled: 2/3/2021

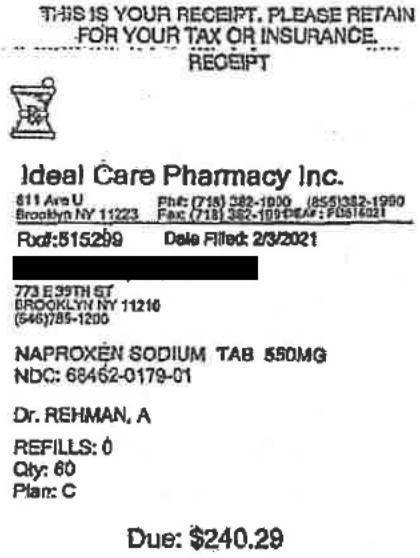
[redacted]
773 E 39TH ST
BROOKLYN NY 11210
(646)789-1200

DICLOFENAC SODIUM GEL 3%
NDC: 68462-0355-94

Dr. REHMAN, A

REFILLS: 0
Qty: 200
Plan: C

Due: $2599.90



THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.
RECEIPT

Ideal Care Pharmacy Inc.

811 Ave U Phn: (718) 382-1990 (855)382-1990
Brooklyn NY 11223 Fax: (718) 382-1991 DEA# : FI3016921

Rx#:515299 Date Filled: 2/3/2021

[redacted]
773 E 39TH ST
BROOKLYN NY 11210
(646)789-1200

NAPROXEN SODIUM TAB 550MG
NDC: 68462-0179-01

Dr. REHMAN, A

REFILLS: 0
Qty: 60
Plan: C

Due: $240.29

THIS IS YOUR RECEIPT. PLEASE RETAIN

THIS IS YOUR RECEIPT. PLEASE RETAIN

60. The above prescription receipts in paragraph 59 are a representative example and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.

61. The above-mentioned prescription in paragraph 59 presented by Ideal Care Pharmacy Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I

never prescribed or authorized the item to be dispensed.

Essential RX

62. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Essential RX as indicated below. The following prescriptions are also fraudulent in nature as I did not sign the prescriptions, I did not prescribe the medications nor request that the following medications be given to the patient:

Essential Rx
115-07 Jamaica Ave Richmond Hill, NY 11418
Phone: (718)441-7414 Fax: (718)441-7415 12/8/2020 12:08:52PM

Rx Pres: ARKAM REHMAN
3027 AVE V
BROOKLYN, NY 11229
Phone: (347)702-9725 Fax:

Ord Date 12/08/2020
NPI# 1013920602
LIC#: 298627
DEA#:
SPI#

Patient: [redacted]
DOB [redacted] Gender M Rx#: 72363
Address: 773 EAST 39TH STREET BROOKLYN, NY 11210
Phone (646)789-1200 Qty Ord: 250.000
Qty: 250.00 Days: 30 Refills: 0 PH/TH:DM Class 0

Drug: LIDOCAINE 5% OINT
Sig: APPLY TO AFFECTED AREAS TWICE A DAY

Signature Date 12/10/20
This Prescription Will be Filled Generically Unless Prescriber Writes "DAW" in the Box
N
Dispense As Written

Telephone Rx

Rx#:72363 DOB: 9/27/1970 RSN:0 12/8/2020 PHDM (001)
COURTNEY, LARK 773 EAST 39TH STREET BROOKLYN NY 11210
#150 LIDOCAINE OINT 5% 52565-0008-55 TELIGENT,
Dr REHMAN, ARKAM DEA # Ph#:(347)702-9725 Refills:0
Copay: $0.00 Ins Paid: $1.00 Auth#:

Essential Rx
115-07 Jamaica Ave Richmond Hill, NY 11418
Phone: (718)441-7414 Fax: (718)441-7415 12/8/2020 12:06:52PM

Rx Pres: ARKAM REHMAN
3027 AVE V
BROOKLYN, NY 11229
Phone: (347)702-9725 Fax:

Ord Date 12/08/2020
NPI# 1013920602
LIC#: 298627
DEA#:
SPI#

Patient: [redacted]
DOB [redacted] Gender M Rx#: 72364
Address: 773 EAST 39TH STREET BROOKLYN, NY 11210
Phone (646)789-1200 Qty Ord: 60.000
Qty: 60.00 Days: 30 Refills: 0 PH/TH:DM Class 0

Drug: CELECOXIB 200MG CAP
Sig: TAKE ONE CAPSULE TWICE A DAY

Signature Date 12/10/20
This Prescription Will be Filled Generically Unless Prescriber Writes "DAW" in the Box
N
Dispense As Written

Telephone Rx

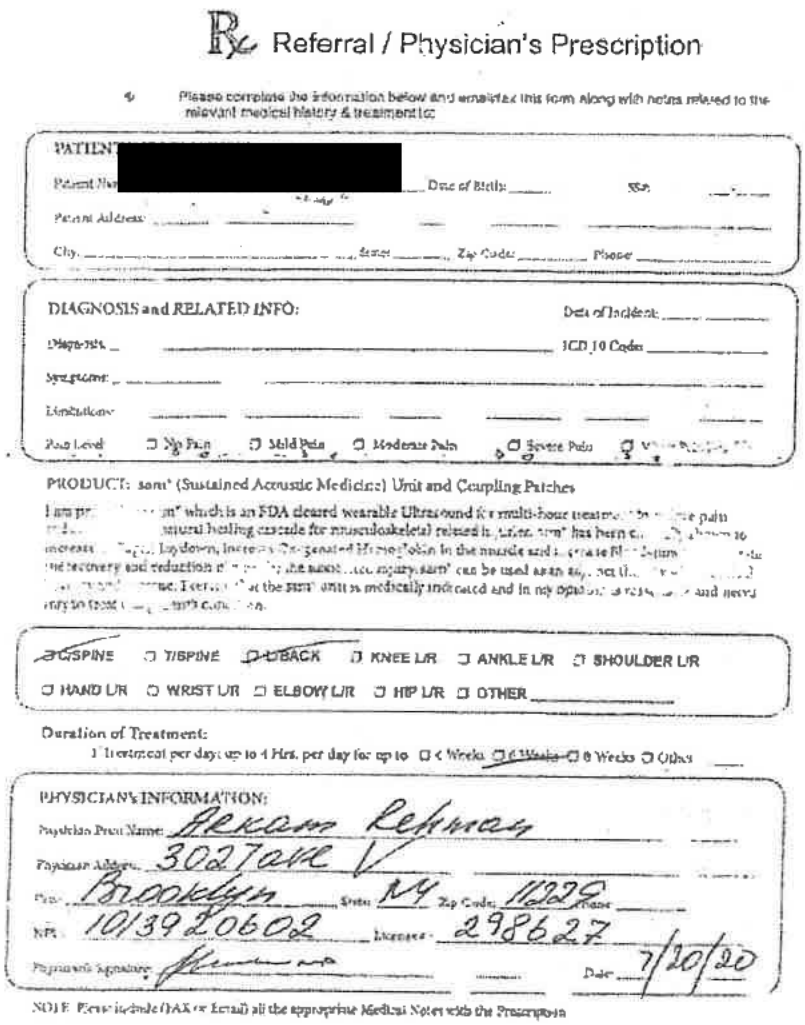
Rx#:72364 DOB: 9/27/1970 RSN:0 12/8/2020 PHDM (001)
COURTNEY, LARK 773 EAST 39TH STREET BROOKLYN NY 11210
#60 CELECOXIB CAP 200MG 42571-0144-01 MICRO LABS
Dr REHMAN, ARKAM DEA# Ph#:(347)702-9725 Refills:0
Copay: $0.00 Ins Paid: $1.00 Auth#:

63. The above prescription in paragraph 62 are a representative example and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.

64. To the best of my recollection the above-mentioned prescriptions in paragraph 62 presented by Essential RX that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Flushing Medical Supply, Inc.

65. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Flushing Medical Supply, Inc. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following equipment be given to the patient:



℞ Referral / Physician's Prescription

Please complete the information below and email/fax this form along with notes related to the relevant medical history & treatment to:

PATIENT [redacted]

Patient Name: _____ Date of Birth: _____ SS#: _____

Patient Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

DIAGNOSIS and RELATED INFO: Date of Incident: _____

Diagnosis: _____ ICD 10 Codes: _____

Symptoms: _____

Limitations: _____

Pain Level: ☐ No Pain ☐ Mild Pain ☐ Moderate Pain ☐ Severe Pain ☐ Worst Pain Ever

PRODUCT: sanit (Sustained Acoustic Medicine) Unit and Coupling Patches

I am pr[illegible]sanit" which is an FDA cleared wearable Ultrasound for multi-hour treatm[illegible] pain [illegible]natural healing cascade for musculoskeletal) related i[illegible]sanit" has been c[illegible] to increase [illegible] Lay[illegible], Increas[illegible] Oxygenated Hemoglobin in the muscle and [illegible] Return [illegible] and recovery and reduction i[illegible] the sanit[illegible] injury.sanit" can be used as an as[illegible] [illegible] time. Exer[illegible] at the sanit" unit as medically indicated and in my opinion [illegible] and never [illegible] [illegible].

☐ CSPINE ☐ TSPINE ☐ LBACK ☐ KNEE L/R ☐ ANKLE L/R ☐ SHOULDER L/R

☐ HAND L/R ☐ WRIST L/R ☐ ELBOW L/R ☐ HIP L/R ☐ OTHER _____

Duration of Treatment:

1 Treatment per day: up to 4 Hrs. per day for up to ☐ < Weeks ☐ 6 Weeks ☐ 8 Weeks ☐ Other: ____

PHYSICIAN's INFORMATION:

Physician Print Name: Arkam Rehman

Physician Address: 302 Ave V

City: Brooklyn State: NY Zip Code: 11229 Phone: _____

NPI: 1013920602 License: 298627

Physician's Signature: [signature] Date: 7/20/20

NOTE: Please include FAX or Email all the appropriate Medical Notes with the Prescription

66. The above prescription order form in paragraph 65 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.

67. The above-mentioned prescription in paragraph 65 presented by Flushing Medical Supply, Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Eclipse Medical Imaging, P.C.

68. I did not prescribe nor authorize the prescription for any diagnostic imaging studies, X-Rays, or Magnetic Resonance Imaging (MRIs) as allegedly provided by Eclipse Medical Imaging, P.C. as indicated below:

ECLIPSE MEDICAL IMAGING P.C.

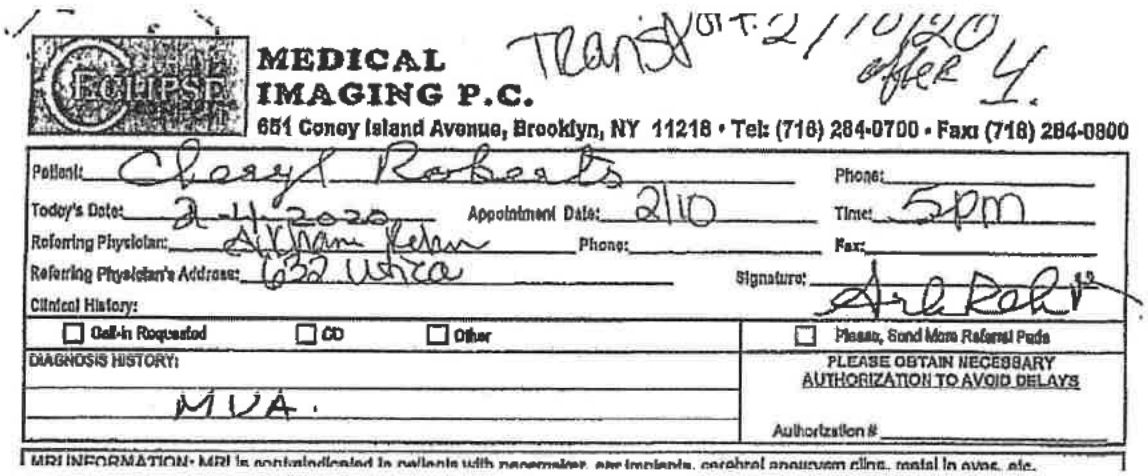
651 Coney Island Avenue, Brooklyn, NY 11218 • Tel: (718) 284-0700 - Fax: (718) 284-0800

ARKAM REHMAN, M.D.
632 UTICA AVENUE
BROOKLYN, NY 11203

DOS: 02/17/2020
DOB: 07/08/1960
FILE #:35751
DOI: 01/24/2020

PATIENT: [redacted]
EXAM: MRI OF THE LEFT SHOULDER W/O CONTRAST

Dear Dr. Rehman,


ECLIPSE MEDICAL IMAGING P.C.
651 Coney Island Avenue, Brooklyn, NY 11218 • Tel: (718) 284-0700 • Fax: (718) 284-0800
Patient: Cheryl Roberts Phone:
Today's Date: 2-4-2020 Appointment Date: 2/10 Time: 5pm
Referring Physician: Arkam Rehman Phone: Fax:
Referring Physician's Address: 632 Utica Signature:
Clinical History:
Call-in Requested CD Other Please, Send More Referral Pads
DIAGNOSIS HISTORY: MVA.
PLEASE OBTAIN NECESSARY AUTHORIZATION TO AVOID DELAYS
Authorization #
MRI INFORMATION: MRI is contraindicated in patients with pacemaker, eye implants, cerebral aneurysm clips, metal in eyes, etc.

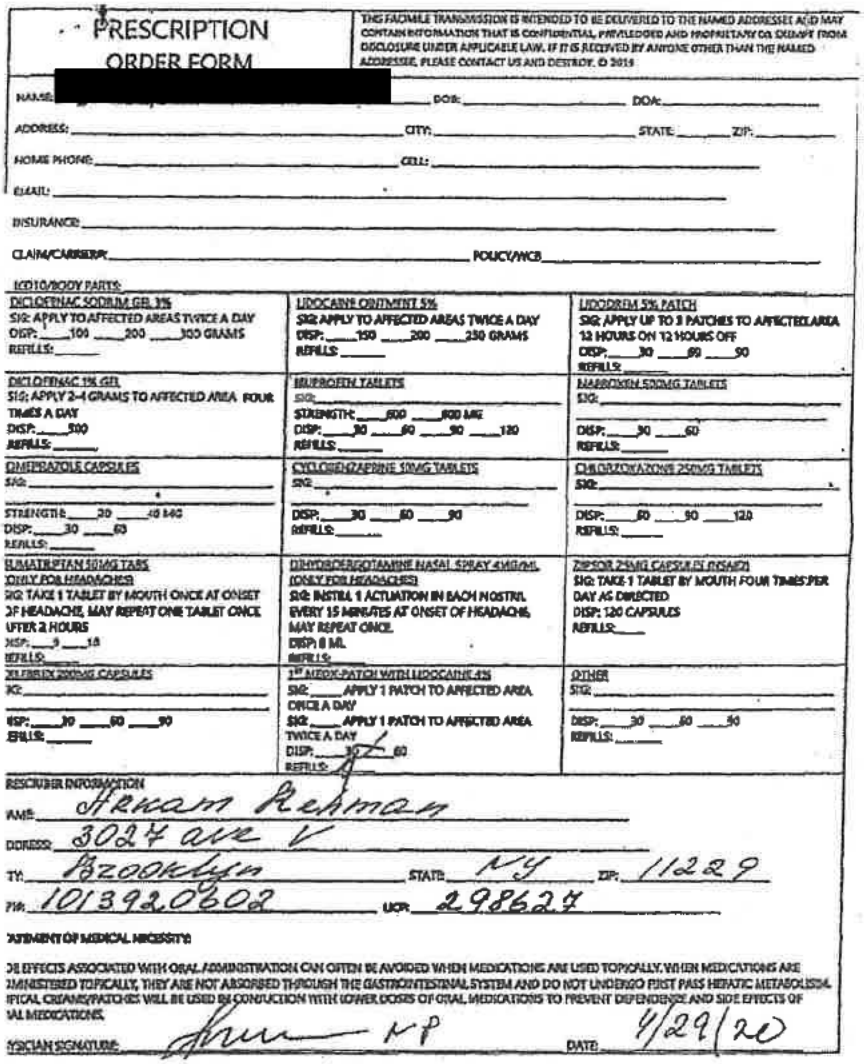
69. The MRI report and prescription referenced above in paragraph 68 are a representative example and are fraudulent in nature as I never requested, prescribed, or ordered any diagnostic imaging studies, X-Rays, or Magnetic Resonance Imaging (MRIs).

70. The above-mentioned requests or prescription in paragraph 68 presented by Eclipse Medical Imaging, P.C. claiming that I ordered any diagnostic imaging studies, X-Rays, or Magnetic Resonance Imaging (MRIs) alleged to have been requested, prescribed, or ordered by me is/are fraudulent in nature as I never requested, prescribed, or ordered or authorized the test.

Boulevard 9229 LLC

71. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Boulevard 9229 LLC as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not

prescribe or request that the following medication be given to the patient, nor did I agree with the Statement of Medical Necessity contained within the prescription:



PRESCRIPTION ORDER FORM

THIS FACIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED AND PROPRIETARY. DO NOT DISCLOSE UNDER APPLICABLE LAW. IF IT IS RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE, PLEASE CONTACT US AND DESTROY. © 2019

[redacted] DOB: DOA:

ADDRESS: CITY: STATE: ZIP:

HOME PHONE: CELL:

EMAIL:

INSURANCE:

CLAIM/CARRIER#: POLICY/ACE

ICD10/BODY PARTS:

DICLOFENAC SODIUM GEL 3%
SIG: APPLY TO AFFECTED AREAS TWICE A DAY
DISP: 100 200 300 GRAMS
REFILLS:

LIDOCAINE OINTMENT 5%
SIG: APPLY TO AFFECTED AREAS TWICE A DAY
DISP: 150 200 250 GRAMS
REFILLS:

LIDODERM 5% PATCH
SIG: APPLY UP TO 3 PATCHES TO AFFECTED AREA 12 HOURS ON 12 HOURS OFF
DISP: 30 60 90
REFILLS:

DICLOFENAC 1% GEL
SIG: APPLY 2-4 GRAMS TO AFFECTED AREA FOUR TIMES A DAY
DISP: 100
REFILLS:

IBUPROFEN TABLETS
SIG:
STRENGTH: 600 800 MG
DISP: 30 60 90 120
REFILLS:

NAPROXEN 500MG TABLETS
SIG:
DISP: 30 60
REFILLS:

OMEPRAZOLE CAPSULES
SIG:
STRENGTH: 20 40 MG
DISP: 30 60
REFILLS:

CYCLOBENZAPRINE 10MG TABLETS
SIG:
DISP: 30 60 90
REFILLS:

CHLORZOXAZONE 250MG TABLETS
SIG:
DISP: 60 90 120
REFILLS:

SUMATRIPTAN 50MG TABS
(ONLY FOR HEADACHES)
SIG: TAKE 1 TABLET BY MOUTH ONCE AT ONSET OF HEADACHE, MAY REPEAT ONE TABLET ONCE AFTER 2 HOURS
DISP: 9 18
REFILLS:

DIHYDROERGOTAMINE NASAL SPRAY 4MG/ML
(ONLY FOR HEADACHES)
SIG: INSTILL 1 ACTUATION IN EACH NOSTRIL EVERY 15 MINUTES AT ONSET OF HEADACHE, MAY REPEAT ONCE.
DISP: 8 ML
REFILLS:

ZIPSOR 25MG CAPSULES (INSAID)
SIG: TAKE 1 TABLET BY MOUTH FOUR TIMES PER DAY AS DIRECTED
DISP: 120 CAPSULES
REFILLS:

XELERIEX 200MG CAPSULES
SIG:
DISP: 30 60 90
REFILLS:

1ST MEDX PATCH WITH LIDOCAINE 4%
SIG: APPLY 1 PATCH TO AFFECTED AREA ONCE A DAY
SIG: APPLY 1 PATCH TO AFFECTED AREA TWICE A DAY
DISP: 30 60
REFILLS:

OTHER
SIG:
DISP: 30 60 90
REFILLS:

PRESCRIBER INFORMATION
NAME: Arkan Rehman
ADDRESS: 3027 ave V
CITY: Brooklyn STATE: NY ZIP: 11229
PIN: 1013920602 UCR: 298627

STATEMENT OF MEDICAL NECESSITY:

SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS.

PHYSICIAN SIGNATURE: NP DATE: 4/29/20

72. The above prescription in paragraph 71 is a representative example and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.

73. The above-mentioned prescription in paragraph 71 presented by Boulevard 9229 LLC that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Bisoma Pharmacy Inc.

74. I have never prescribed nor authorized a prescription for any medication, creams, patches, or ointments as allegedly provided by Bisoma Pharmacy Inc. The following prescriptions are also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that

the following medication be given to the patient:

BISOMA PHARMACY INC.
20520 Jamaica Ave Hollis, NY 11423
Phone: (718)217-2091 Fax: (718)217-2138 11/9/2020 1:16:02PM

Rx Prov: ARKAM REHMAN
3027 AVE V
BROOKLYN, NY 11229
Phone: (347)702-9725 Fax:

Ord Date 10/19/2020
NPI# 1013920602
LIC#: 298627
DEA#: BR4816685
SPI#

Patient: [redacted]
DOB [redacted] Gender F Rx#: 61077
Address: 1410 ROCKAWAY PKWY BROOKLYN, NY 11236
Phone (646)573-4789 Qty Ord: 60.000
Qty: 60.00 Days: 30 Refills: 0 PH/TH:YI Class 0

Drug: IBUPROFEN 600MG TAB

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY

Signature Date
This Prescription Will be Filled Generically Unless Prescriber Writes "DAW" in the Box ☐ N Dispense As Written

Pharmacy

BISOMA PHARMACY INC.
20520 Jamaica Ave Hollis, NY 11423
Phone: (718)217-2091 Fax: (718)217-2138 11/9/2020 1:16:02PM

Rx Prov: ARKAM REHMAN
3027 AVE V
BROOKLYN, NY 11229
Phone: (347)702-9725 Fax:

Ord Date 10/19/2020
NPI# 1013920602
LIC#: 298627
DEA#: BR4816685
SPI#

Patient: [redacted]
DOB [redacted] Gender F Rx#: 61079
Address: 1410 ROCKAWAY PKWY BROOKLYN, NY 11236
Phone (646)573-4789 Qty Ord: 60.000
Qty: 60.00 Days: 30 Refills: 0 PH/TH:YI Class 0

Drug: LIDOCAINE 5% FILM ER

Sig: APPLY UP TO 3 PATCHES TO AFFECTED AREAS 12 HOURS ON 12 HOURS OFF

Signature Date
This Prescription Will be Filed Generically Unless Prescriber Writes "DAW" in the Box ☐ N Dispense As Written

Pharmacy

BISOMA PHARMACY INC.
20520 Jamaica Ave Hollis, NY 11423
Phone: (718)217-2091 Fax: (718)217-2138 11/9/2020 1:16:02PM

Rx Prov: ARKAM REHMAN
3027 AVE V
BROOKLYN, NY 11229
Phone: (347)702-9725 Fax:

Ord Date 10/19/2020
NPI# 1013920602
LIC#: 298627
DEA#: BR4816685
SPI#

Patient: [redacted]
DOB [redacted] Gender F Rx#: 61078
Address: 1410 ROCKAWAY PKWY BROOKLYN, NY 11236
Phone (646)573-4789 Qty Ord: 250.000
Qty: 250.00 Days: 30 Refills: 0 PH/TH:YI Class 0

Drug: LIDOCAINE 5% OINT

Sig: APPLY TO AFFECTED AREAS TWICE A DAY

Signature Date
This Prescription Will be Filled Generically Unless Prescriber Writes "DAW" in the Box ☐ N Dispense As Written

Pharmacy

BISOMA PHARMACY INC.
20520 Jamaica Ave Hollis, NY 11423
Phone: (718)217-2091 Fax: (718)217-2138 11/9/2020 1:16:02PM

Rx Prov: ARKAM REHMAN
3027 AVE V
BROOKLYN, NY 11229
Phone: (347)702-9725 Fax:

Ord Date 10/19/2020
NPI# 1013920602
LIC#: 298627
DEA#: BR4816685
SPI#

Patient: [redacted]
DOB [redacted] Gender F Rx#: 61078
Address: 1410 ROCKAWAY PKWY BROOKLYN, NY 11236
Phone (646)573-4789 Qty Ord: 30.000
Qty: 30.00 Days: 30 Refills: 0 PH/TH:YI Class 0

Drug: CYCLOBENZAPRINE HYDROCHLORIDE 5MG TAB

Sig: TAKE ONE TABLET BY MOUTH DAILY AT BEDTIME

Signature Date
This Prescription Will be Filled Generically Unless Prescriber Writes "DAW" in the Box ☐ N Dispense As Written

Pharmacy

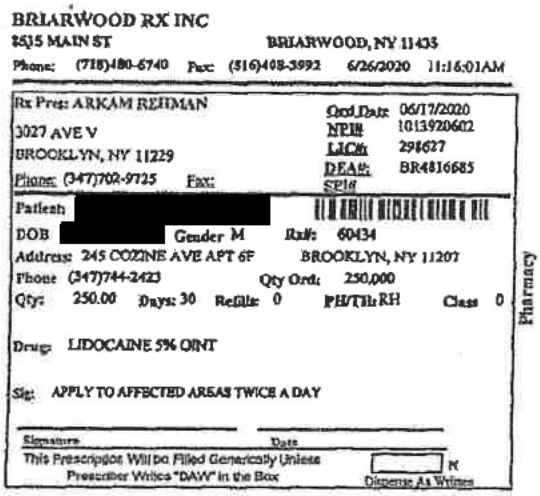
75. The above prescription in paragraph 74 are a representative example and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.

76. To the best of my recollection the above prescriptions in paragraph 74 presented by Bisoma Pharmacy Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Briarwood RX Inc.

77. I have never prescribed nor authorized a prescription for any medication, creams, patches, or ointments as allegedly provided by Briarwood RX Inc. The following prescriptions are

also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:



BRIARWOOD RX INC
8515 MAIN ST BRIARWOOD, NY 11435
Phone: (718)480-6740 Fax: (516)408-3992 6/26/2020 11:16:01AM

Rx Pres: ARKAM REHMAN
3027 AVE V
BROOKLYN, NY 11229
Phone: (347)702-9725 Fax:

Ord Date: 06/17/2020
NPI#: 1013920602
LIC#: 298627
DEA#: BR4816685
SPI#:

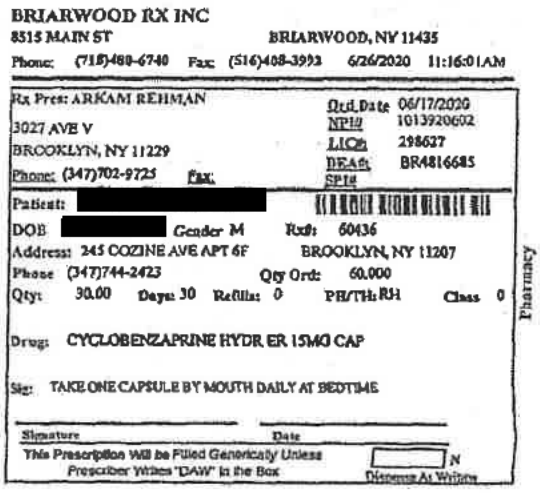
Patient: [redacted]
DOB [redacted] Gender M Rx#: 60434
Address: 245 COZINE AVE APT 6F BROOKLYN, NY 11207
Phone: (347)744-2423 Qty Ord: 250.000
Qty: 250.00 Days: 30 Refills: 0 PH/TH: RH Class 0

Drug: LIDOCAINE 5% OINT

Sig: APPLY TO AFFECTED AREAS TWICE A DAY

Signature Date
This Prescription Will be Filled Generically Unless Prescriber Writes "DAW" in the Box [ ] N Dispense As Written

Pharmacy



BRIARWOOD RX INC
8515 MAIN ST BRIARWOOD, NY 11435
Phone: (718)480-6740 Fax: (516)408-3992 6/26/2020 11:16:01AM

Rx Pres: ARKAM REHMAN
3027 AVE V
BROOKLYN, NY 11229
Phone: (347)702-9725 Fax:

Ord Date: 06/17/2020
NPI#: 1013920602
LIC#: 298627
DEA#: BR4816685
SPI#

Patient: [redacted]
DOB [redacted] Gender M Rx#: 60436
Address: 245 COZINE AVE APT 6F BROOKLYN, NY 11207
Phone: (347)744-2423 Qty Ord: 60.000
Qty: 30.00 Days: 30 Refills: 0 PH/TH: RH Class 0

Drug: CYCLOBENZAPRINE HYDR ER 15MG CAP

Sig: TAKE ONE CAPSULE BY MOUTH DAILY AT BEDTIME

Signature Date
This Prescription Will be Filled Generically Unless Prescriber Writes "DAW" in the Box [ ] N Dispense As Written

Pharmacy

BRIARWOOD RX INC
8515 MAIN ST BRIARWOOD, NY 11435
Phone: (718)480-6740 Fax: (516)408-3992 6/26/2020 11:16:01AM

Rx Pres: ARKAM REHMAN
3027 AVE V
BROOKLYN, NY 11229
Phone: (347)702-9725 Fax:

Ord Date: 06/17/2020
NPI#: 1013920602
LIC#: 298627
DEA#: BR4816685
SPI#

Patient: [redacted]
DOB [redacted] Gender M Rx#: 60435
Address: 245 COZINE AVE APT 6F BROOKLYN, NY 11207
Phone: (347)744-2423 Qty Ord: 60.000
Qty: 60.00 Days: 30 Refills: 0 PH/TH: RH Class 0

Drug: MELOXICAM 15MG TAB

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY

Signature Date
This Prescription Will be Filled Generically Unless Prescriber Writes "DAW" in the Box [ ] N Dispense As Written

Pharmacy

78. The above prescription in paragraph 77 are a representative sample and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.

79. To the best of my recollection the above prescriptions in paragraph 77 presented by Briarwood RX Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

Big Apple Medical Group Corp.

80. I did not prescribe nor authorize a prescription for any durable medical equipment

as allegedly provided by Big Apple Medical Group Corp. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following equipment be given to the patient, nor did I agree with the Statement of Medical Necessity contained within the prescription:

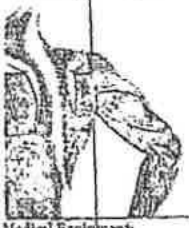
Durable Medical Equipment Prescription

Patient Name: [redacted] Date of Prescription: 1-12-2021

Patient Address: _____ Patient Tel: _____

Patient Diagnosis: M23.93-Knee ... Injury M99.01 -Segmental And Somatic Patient Dysfunction Of Cervical Region M99.03 -Segmental And Somatic Dysfunction Of Thoracic Region M99.03 Segmental And Somatic Dysfunction Of Lumbar Region M54.12 -RAD Cervical Radiculopathy M54.16 Lumbar Radiculitis M54.2 Cervicalgia M51.36 Lumbar Disk Displacement S43.3Xa Shoulder Injury M62.49 Contracture Of Muscle, Multiple Sites S0.4 XXA-Cervical Sprain/Strain S33.5XXA-Lumbar Sprain/Strain M62.830 Muscle Spasm Of Back M62.49 Contracture of Muscle, Multiple Sites M50.23 Cervical Disc Displacement M51.26 Lumbar Disk Displacement S83.509a Unspecified Sprain Of Unspecified Knee, Initial Encounter S93.409 Ankle Sprain M54.5 - Low Back Pain

- ___TLSO Back Support
- ___Lumbar Sacral Orthosis
- ___Lumbar Back Cushion
- ___Cervical Collar, Semi-rigid
- ___Cervical Traction w/pump MRI
- ___Egg Crate Mattress
- ___Bed Board
- ___Heating Pad
- ___Cold/Hot Water Circulation Unit
- ___EMS Unit 4 Lead
- ___Massager
- ___Orthopedic Car Seat
- ___Infrared Heat Lamp
- ___Whirlpool
- ___Cane
- ___Knee Support (_R/_L)
- ___Knee Orthosis Fitted (_R/_L) MRI
- ___Ankle Support(_R/_L)
- ___Ankle Foot Orthosis(_R/_L) MRI
- ___Shoulder Support
- ___Shoulder Elbow Wrist Orthosis (_R/_L) MRI
- ___Wrist Support (_R/_L)
- ___Lumbar Sacral Orthosis MRI
- ___Elbow Support(_R/_L)
- ___Elbow Orthosis (_R/_L) MRI
- ___Wheel Chair
- ___Cervical Pillow



3027 AVENUE V
BROOKLYN, N.Y. 11229

Doctor's Notes: Patient is to wear prescribed Durable Medical Equipment For a period of 4-6 weeks reevaluation at that time.

Additional notes (If necessary)

Letter of Medical Necessity

As the referring provider, I certify that the above-prescribed order for the above checked Medical Equipment are medically necessary based on my diagnosis and as part of my overall treatment plan for my patient, who is identified by the name at the top of the this form. I have advised my patient that he/she had a right to choose the durable medical equipment (DME) supplier that provides the prescribed products pursuant to this order. By my signature, I am prescribing the items listed above.

Dr. Name: Alexan Rehmen Dr Signature: [signature]
License Number 198622 NPI 1013922602

81. The above prescription order form in paragraph 80 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.

82. The above-mentioned prescription in paragraph 80 presented by Big Apple Medical Group Corp. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed nor authorized the item to be dispensed.

Atlas Pharmacy, LLC

83. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Atlas Pharmacy, LLC as indicated below. The following prescriptions are also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:

Physician Order Form

Pa [redacted]	Doctor Name: Steven Rehmier
Date of Birth:	License Number: 298624
Telephone Number:	NPI Number: 1013920602
Date of Accident:	

- o CELEBREX 100MG – 1C BID #60
- CELEBREX 200MG – 1C BID #60
- o CELEBREX 400MG – 1C QD #30
- o MELOXICAM 7.5MG #60 1T BID
- o MELOXICAM 15MG #30 1T QD
- o IBUPROFEN 600MG #60 - 1T BID
- o NAPROXEN 550MG #60 – 1T BID
- o NAPRELAN 500MG #60 – 1T BID
- o LIDOCAINE 5 % PATCH #30 #60 #90
  APPLY 1-3 PATCHES AA QD (12 HOURS ON AND 12 HOURS OFF)
- o LIDOCAINE 5 % OINT 100GM 150GM 200GM 250GM
  AP AA UP TO TID
- DICLOFENAC 3 % GEL – 100GM 200GM AP AA TID UD
- o CYCLOBENZAPRINE 7.5MG #90 - 1T TID
- o CYCLOBENZAPRINE 10MG #90 – 1T TID
- o TIZANIDINE 4MG #90 – 1T TID
- o METAXALONE 800MG #90 – 1T TID
- o FIORICET TABS #90 1T TID PRN
- o SUMATRIPTAN 25MG , 50MG , 100MG TABS
- o (MAXALT) RIZATRIPTAN 5MG, 10MG TABS
- o RELPAX 20MG, 40MG TABS
- o TOPIRAMATE 25MG , 50MG , 100MG
- o DULOXETINE 30MG, 60MG CAPS
- o GABAPENTIN 300MG, 400MG , 600MG , 800MG
- o VENLAFAXINE 25MG , 37.5MG , 50MG , AND 75MG TABLETS
- o SERTRALINE 25MG , 50MG , 100MG
- o ESCITALOPRAM 10MG, 20MG TABS
- o CHLORZOXAZONE 250MG #90 - 1T TID PRN

Prescriber Signature: [signature] Date: 5/18/20

84. The above physician order form in paragraph 83 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.

85. The above-mentioned prescription in paragraph 83 presented by Atlas Pharmacy LLC that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

AVK RX Inc.

86. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by AVK RX Inc as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:


Rx#:99353
AVK RX Pharmacy
3904 Church Ave
Brooklyn, NY 11203
Phone: (718)484-9810 Fax: (718)484-6773 Print Dt: 11/17/2020 5:41:23PM
Rx Prov: Arkam Rehman
3027 AVE V
BROOKLYN, NY 11229
Phn: (904)292-2700
Fax: (904)292-2666
Ord: 11/10/2020
NPI# 1013920602
LIC# 298627
DEA# FR8865000
Patient: [redacted]
DOB: [redacted] Gender F Rx#: 99353
Address: 1410 ROCKAWAY PKWAY BROOKLYN, NY 11236
Phone (646)573-4789
Qty: 60.000 (Sixty)
Days: 30 Refills: 0 Form: tA Class: 0 Qty Ord: 60.000
Drug: LIDOTHOL 4.5%/5% FILM
Sig: APPLY 1 PATCH TO AFFECTED AREAS TWICE DAILY
Signature Date
This Prescription Will be Filled Generically Unless Prescriber Writes "DAW[1]" in the Box
N (0)
Dispense As Written
Pharmacy

87. The above prescription in paragraph 86 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.

88. To the best of my recollection the above-mentioned prescription in paragraph 86 presented by AVK RX Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

A to Z Supply Services Inc.

89. I did not prescribe nor authorize a prescription for any durable medical equipment as allegedly provided by A to Z Supply Services Inc. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following equipment be given to the patient, nor did I agree with the Letter of Medical Necessity contained within the prescription:

Durable Medical Equipment Prescription

Patient Name: [redacted] Date of Prescription: 1-28-21

Patient Address: _____ Patient Tel: _____

Pain in Diagnosis M23.90 Knee Injury M99.01 Segmental And Somatic Pattern Dysfunction Of Cervical Region M99.02 Segmental And Somatic Dysfunction Of Thoracic Region M99.03 Segmental And Somatic Dysfunction Of Lumbar Region M54.12 R/O Cervical Radiculopathy M54.16 Lumbar Radiculitis M54.2 Cervicalgia M51.26 Lumar Disk Displacement S43.209 Shoulder Injury M62.49 Contracture Of Muscle Multiple Sites S13.4XXA Cervical Sprain/Strain S33.5XXA Lumbar Sprain/Strain M62.830 Muscle Spasm Of Back M62.49 Contracture of Muscle Multiple Sites M50.20 Cervical Disc Displacement M51.26 Lumbar Disk Displacement S63.509 Unspecified Sprain Of Unspecified Wrist, Initial Encounter S93.409 Ankle Sprain M54.5 Low Back Pain

___TLSO Back Support
___Lumbar Sacral Orthosis
___Lumbar Back Cushion
___Cervical Collar, Semi-rigid
___Cervical Traction w/pump MRI
___Egg Crate Mattress
___Bed Board
___Heating Pad
___Cold/Hot Water Circulation Unit
X EMS Unit 4 Lead
X Massager
___Orthopedic Car Seat
X Infrared Heat Lamp
X Whirlpool
___Cane
___Knee Support (_R/_L)
___Knee Orthosis Fitted (_R/_L) MRI
___Ankle Support(_R/_L)
___Ankle Foot Orthosis(_R/_L) MRI

___Shoulder Support
___Shoulder Elbow Wrist Orthosis (_R/_L) MRI
___Wrist Support (_R/_L)
___Lumbar Sacral Orthosis MRI
___Elbow Support(_R/_L)
___Elbow Orthosis (_R/_L) MRI
___Wheel Chair
___Cervical Pillow

302? AVENUE
BROOKLYN, NY 1223?

Doctor's Notes: Patient is to wear prescribed Durable Medical Equipment For a period of 4-6 weeks reevaluation at that time.

Additional notes (If necessary)

Letter of Medical Necessity

As the referring provider, I certify that the above-prescribed order for the above checked Medical Equipment are medically necessary based on my diagnosis and as part of my overall treatment plan for my patient, who is identified by the name at the top of the this form. I have advised my patient that he/she had a right to choose the durable medical equipment (DME) supplier that provides the prescribed products pursuant to this order. By my signature, I am prescribing the items listed above.

Dr. Name: Akram Rahmen
License Number 298224

Dr. Signature
NPI 1013921602

90. The above prescription in paragraph 89 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.

91. The above-mentioned prescription in paragraph 89 presented by A to Z Supply Services Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

ARS Medical Equipment Corp

92. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by ARS Medical Equipment Corp as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following equipment be given to the patient, nor did I agree with the Letter of

Medical Necessity contained within the prescription:

Durable Medical Equipment Prescription

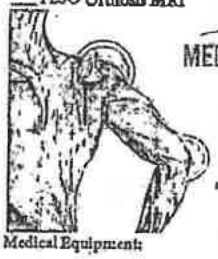
Patient Name: [redacted] Date of Prescription 7/8/20

Patient Address: _____ Patient Tel: _____

Patient Diagnoses: M23.50-Knee __Injury M99.01 -Segmental And Somatic Patient Dysfunction Of Cervical Region M99.02 -Segmental And Somatic Dysfunction Of Thoracic Region M99.03 Segmental And Somatic Dysfunction Of Lumbar Region M54.12 -R/O Cervical Radiculopathy M54.16 Lumbar Radiculitis M54.2 Cervicalgia M51.26 Lumbar Disk Displacement S40.239a Shoulder Injury M62.49 Contracture Of Muscle ,Multiple Sites S13.4 XXA - Cervical Sprain/Strain S33.5XXA-Lumbar Sprain/Strain M62.830 Muscle Spasm Of Back M62.49 Contracture of Muscle, Multiple Sites M50.20 Cervical Disc Displacement M51.26 Lumbar Disk Displacement S63.506a Unspecified Sprain Of Unspecified Wrist, Initial Encounter S93.409 Ankle Sprain M54.5 - Low Back Pain

- ___TLSO Back Support
- X Lumbar Sacral Orthosis
- X Lumbar Back Cushion
- X Cervical Collar, Semi-rigid
- ___Cervical Traction w/pump MRI
- X Egg Crate Mattress
- X Bed Board
- X Heating Pad
- X Cold/Hot Water Circulation Unit
- ___EMS Unit 4 Lead
- ___Massager
- X Orthopedic Car Seat
- ___Infrared Heat Lamp
- ___Whirlpool
- ___Cane
- ___Knee Support (_R/_L)
- ___Knee Orthosis Fitted (_R/_L) MRI
- ___Ankle Support(_R/_L)
- ___Ankle Foot Orthosis(_R/_L) MRI

- X Shoulder Support RT
- ___Shoulder Elbow Wrist Orthosis (_R/_L) MRI
- ___Wrist Support (_R/_L)
- ___Lumbar Sacral Orthosis MRI
- ___Elbow Support(_R/_L)
- ___Elbow Orthosis (_R/_L) MRI
- ___Wheel Chair
- X Cervical Pillow
- ___TLSO Orthosis MRI



MEDICAL-CENTER
3927 AVENUE V
BROOKLYN, NY. 11229
MEDICALCENTER3927@GMAIL.COM
PHONE: 347-703-9725
FAX: 347-703-9727

Doctor's Notes: Patient is to wear prescribed Durable Medical Equipment For a period of 4-6 weeks reevaluation at that time.

Additional notes (If necessary)

Letter of Medical Necessity

As the referring provider, I certify that the above-prescribed order for the above checked Medical Equipment are medically necessary based on my diagnosis and as part of my overall treatment plan for my patient, who is identified by the name at the top of the this form. I have advised my patient that he/she had a right to choose the durable medical equipment (DME) supplier that provides the prescribed products pursuant to this order. By my signature, I am prescribing the items listed above.

Dr. Name: Hekam Rehmen Dr.Signature _____

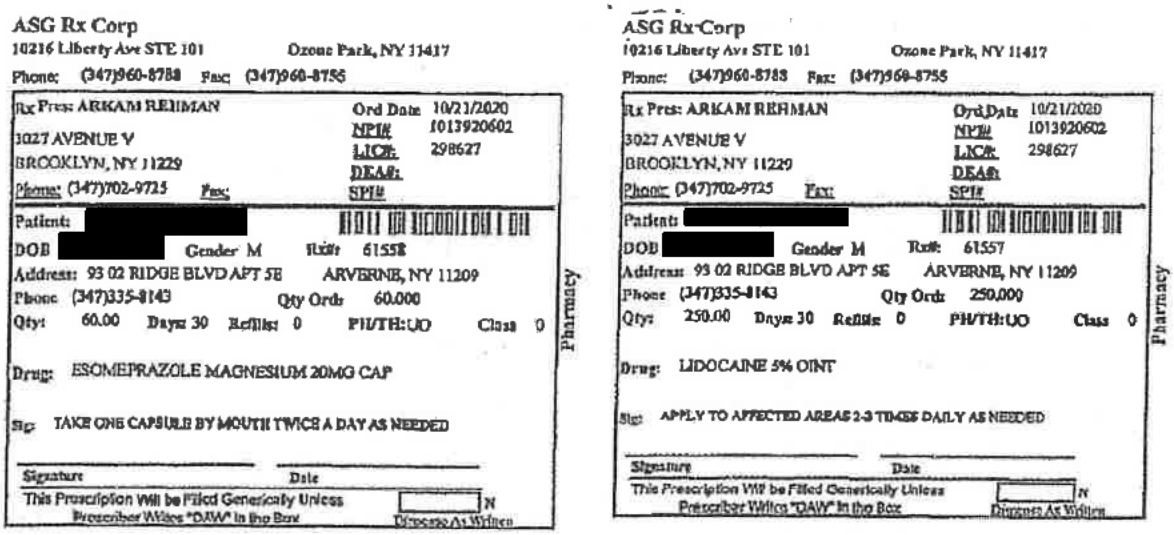
License Number 298627 NPI 1013922602

93. The above prescription in paragraph 92 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.

94. The above-mentioned prescription in paragraph 92 presented by ARS Medical Equipment Corp that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

ASG RX, Corp.

95. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by ASG RX, Corp as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:



ASG Rx Corp
10216 Liberty Ave STE 101 Ozone Park, NY 11417
Phone: (347)960-8788 Fax: (347)960-8755

Rx Pres: ARKAM REHMAN
3027 AVENUE V
BROOKLYN, NY 11229
Phone: (347)702-9725 Fax:

Ord Date 10/21/2020
NPI# 1013920602
LIC#: 298627
DEA#:
SPI#

Patient: [redacted]
DOB [redacted] Gender M Rx#: 61558
Address: 93 02 RIDGE BLVD APT 5E ARVERNE, NY 11209
Phone (347)335-8143 Qty Ord: 60.000
Qty: 60.00 Days: 30 Refills: 0 PH/TH:UO Class 0

Drug: ESOMEPRAZOLE MAGNESIUM 20MG CAP

Sig: TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED

Signature Date

This Prescription Will be Filled Generically Unless Prescriber Writes "DAW" in the Box [ ] N Dispense As Written

Pharmacy

ASG Rx Corp
10216 Liberty Ave STE 101 Ozone Park, NY 11417
Phone: (347)960-8788 Fax: (347)960-8755

Rx Pres: ARKAM REHMAN
3027 AVENUE V
BROOKLYN, NY 11229
Phone: (347)702-9725 Fax:

Ord Date 10/21/2020
NPI# 1013920602
LIC#: 298627
DEA#:
SPI#

Patient: [redacted]
DOB [redacted] Gender M Rx#: 61557
Address: 93 02 RIDGE BLVD APT 5E ARVERNE, NY 11209
Phone (347)335-8143 Qty Ord: 250.000
Qty: 250.00 Days: 30 Refills: 0 PH/TH:UO Class 0

Drug: LIDOCAINE 5% OINT

Sig: APPLY TO AFFECTED AREAS 2-3 TIMES DAILY AS NEEDED

Signature Date

This Prescription Will be Filled Generically Unless Prescriber Writes "DAW" in the Box [ ] N Dispense As Written

Pharmacy

96. The above prescriptions in paragraph 95 are a representative example and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.

97. To the best of my recollection the above-mentioned prescription in paragraph 95 presented by ASG RX, Corp that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never knowingly prescribed or authorized the item to be dispensed.

Conclusion

98. The preceding examples of prescriptions and/or order forms all as specifically noted in paragraphs 4, 6, 9, 12, 15, 18, 21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95 are examples of the fraudulent prescriptions that were issued utilizing my credentials. The absence of a specific prescription and/or order form that is not specifically noted in paragraphs 4, 6, 9, 12, 15, 18, 21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95 should not be inferred to be a legitimate prescription.

99. At no point in time while I and Apex was located at either 3027 Avenue V, Brooklyn, New York and/or 632 Utica Avenue, Brooklyn, New York did I ever issue any of the prescriptions as specifically noted in paragraphs 4, 6, 9, 12, 15, 18, 21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95 for any medication, creams, ointments, gels, patches, DME, MRI or any other matter. I also never knowingly issued, authored, or signed any letters of medical necessity pertaining to any of the aforementioned prescriptions or orders that were issued in my name.

100. Any prescription that is presented that claims to come from me while I was associated with 3027 Avenue V, Brooklyn, New York and/or 632 Utica Avenue, Brooklyn, New York or contains my NPI number, license number or DEA number is fraudulent and is not legitimate.

101. The prescriptions specifically noted in paragraphs 4, 6, 9, 12, 15, 18, 21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95, that is/are presented that claims to come from me while I was located at 3027 Avenue V, Brooklyn, New York and/or 632 Utica Avenue, Brooklyn, New York or contains my NPI number, license number or DEA number is fraudulent and is not legitimate.

102. Any letter of medical necessity or statement of medical necessity pertaining to any of the above mentioned prescriptions specifically noted in paragraphs 4, 6, 9, 12, 15, 18, 21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95 that is/are presented that claims to come from me while I was located at 3027 Avenue V, Brooklyn, New York and/or 632 Utica Avenue, Brooklyn, New York or contains my NPI number, license number or DEA number is fraudulent and is not legitimate as I did not knowingly author or authorize the issuance of any such letter or statement.

103. I submit this affidavit under my own free will.

Arkam Rehman, M.D.

STATE OF NEW YORK }
} ss.:
COUNTY OF NASSAU }

Personally subscribed and sworn to before me on this 17th day of November 2021, by **Arkam Rehman, M.D.**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual described in and who executed the foregoing affidavit and acknowledged that he executed ~~the~~ same.

Notary Public

SUFIAN PERVEZ
Notary Public, State of New York
Reg. No. 02PE6354719
Qualified in Suffolk County
Commission Expires 02/21/20 25